John B. Semiannual Progress Report
July 31, 2007

The State of Tennessee has continued and implemented many Early Periodic Screening, Diagnosis & Treatment (EPSDT/TENNderCare) activities within the past six months. Each child serving state department or division has participated in the EPSDT/TENNderCare effort under the guidance of the Governor's Office and has actively coordinated efforts to best serve children. This report does not attempt to include all completed and ongoing activities that have been previously reported in prior Semiannual Progress Reports but rather includes new activities or activities with additional data to report.

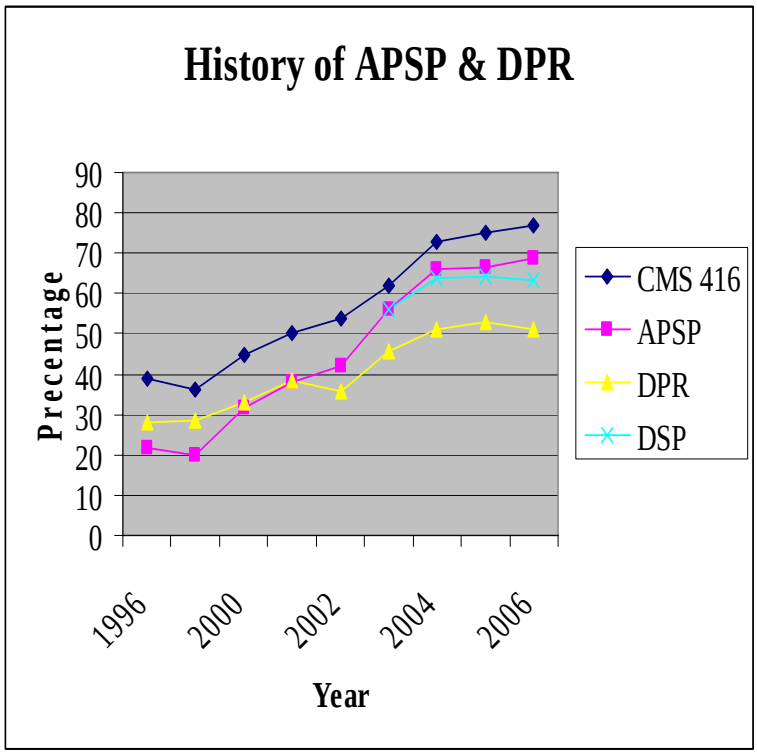
This report is a coordinated effort to reflect the EPSDT/TENNderCare activities by child serving departments and agencies that together form the state's EPSDT/TENNderCare program. Highlights of activities from the reporting period January 1, 2007 – July 31, 2007, include the following:

The number of children receiving an EPSDT/TENNderCare exam has continued to increase each year for the past seven years with the 2006 federal fiscal year screening rate reaching 77%. The rate reflects a current increase of 2% from 2005 and a 38 percentage point increase from the baseline year of 1996. The MCOs reported 269,633 EPSDT Well-Child Screening Encounters in their quarterly reports during this reporting period.

Based on the annual Medical Record Review (MRR), the overall statewide average compliance rate for documentation of the seven (7) required components of an EPSDT screen for the TennCare EPSDT eligible population for 2006 was 89.1 percent. The adjusted periodic screening percentage rate increased from 66.3 percent in 2005 to 68.7 percent in 2006. The most significant increases were found in the documentation rate of the physical examination and immunizations.

	CMS 416	APSP	DPR*	DSP
1996	39	21.9	28.2	*
1999	36	19.8	28.5	*
2000	45	31.5	33.0	*
2001	50	38.0	38.3	*
2002	54	42.0	35.7	*
2003	62	56.0	45.8	56.0
2004	73	66.2	51.0	63.8
2005	75	66.3	52.8	64.3
2006	77	68.7	50.9	63.2

* See page 41 – 42 for explanation of revision to name of column and recalculation.



Additional highlight of activities during the past six months include the following:

- The Crisis Management Team continues to assist DCS court liaisons, prevention workers, families, attorneys for youth, Youth Service officers and court officials regarding TennCare covered services for children at imminent risk of custody. Information regarding the process of assisting children at imminent risk with denied or pending BHO services was described in the previous semiannual report. 204 children (165 of which were enrolled in TennCare) averted DCS custody with the assistance of the CMT during the period of January 2007-June 2007.

- In order to ensure coordination among state departments/agencies and Managed Care Companies serving children in and at-risk of state custody, DCS regularly participates in key coordination meetings. As a result of this coordination, the immediate eligibility process has been updated to include eligibility for BHO services, and steps for transition of DCS youth from custody to adult mental health services have been developed, including assignment of an adult mental health case manager 90 days before a youth's transition from DCS care at the age of 18.

- During the first quarter of 2007, DCS modified its previous "Health Advocacy" units to include additional consulting staff related to Child Health and Well Being. The Well Being units will provide identification of services, and consultation on accessing those services. The composition of the Well Being units for each of the 12 DCS regions currently includes:

- Health Advocacy Representative
- Services and Appeals Tracking Coordinator
- Nurse
- Psychologist
- Educational Specialist
- Master's Level Social Worker
- Interdependent Living Specialist

- During this reporting period the Division of Alcohol and Drug Abuse Services (DADAS) was incorporated into TDMHDD. This integration will benefit Tennesseans by ensuring clinical services are coordinated, communication is improved, and incentives are effectively aligned for populations in need for which there is tremendous overlap. TDMHDD and DADAS contract with agencies/other entities that provide several treatment services involving EPSDT, described in the Diagnosis and Treatment section of this report. DADAS also participates on the Adolescent Advisory Council, the purpose of which is to bring constructive, innovative, positive, and diverse ideas to the planning, implementation, and coordination of publicly funded addiction treatment and recovery support services for adolescents in Tennessee, and the Tennessee Adolescent Coordination of Treatment (T-ACT) Project located in the Governor's Office of Children's Care Coordination (GOCCC), which plays a role in helping fulfill the coordination mandate in the Consent Decree.

- The GOCCC has been instrumental in promoting the use of evidence-based treatments (EBT) to enhance the clinical competency of the provider network. This report includes examples of this influence.

- As the Department of Health (DOH) Community Outreach program has advanced, DOH has enhanced its reporting process and instrument. The DOH Patient Tracking Billing Management Information System (PTBMIS) codes, instructions and transmittal forms were developed specifically for this program to report all the different types of community outreach events and TENNderCare educational materials distributed by community outreach staff stratified by target groups.

- The GOCCC continues to explore ways in which technology is used to increase the efficiency of service delivery systems. Because electronic patient management/medical record systems and telehealth are two venues that have the capability to increase efficiency, GOCCC met during this reporting period with key stakeholders to investigate the status of the Electronic Medical Record (EMR) and telehealth in Tennessee. As a result of these meetings, GOCCC facilitated the development of tele-psychiatry activities in the SE region through the SE COE at three DCS offices. The SE COE is working with the DCS Regional Administrator to identify which offices to connect. Also as a result of this collaboration, the Community Health Network is funding connections/equipment to three Community Mental Health Centers (CMHCs) also in the SE region (sites to be determined) to allow the SE COE to provide assessment and consultation to the CMHCs.

Table of Contents

Part I: Outreach and Screening
Paragraphs 39 – 52

A. Outreach and Informing

EPSDT/TENNderCare outreach occurs through the Managed Care Contractors (MCCs), the Behavioral Health Organizations (BHOs), state agencies, other contracted providers and other agencies.

TennCare EPSDT/TENNderCare Outreach and Informing

TENNderCare Educational Materials

State child serving agencies, TennCare contractors, and the TennCare Bureau continue to distribute TENNderCare educational materials in an effort to educate recipients on the importance of TENNderCare exams. The TENNderCare brochures were revised during this reporting period to reflect the two new managed care corporations for the Middle Tennessee region. The brochures became available for distribution in both English and Spanish in June 2007.

The TennCare Bureau obtained 120,000 stickers from the American Academy of Family Physicians with the message "Up to Date? VACCINATE!" The stickers will be used to emphasize the importance of immunizations as a part of the TENNderCare exam and distributed to enrollees by the Community Outreach Program staff.

During the Medical Record Review, the auditing staff distributed provider training manuals, CDs/DVDs/VHS tapes, posters, and brochures to the offices they were visiting. Providers can benefit from information contained in the educational materials not only for their staff, but also to share with their patients.

The table below provides a list of materials that were distributed by the TennCare Bureau during this reporting period. It does not reflect the materials that were distributed by the MCCs or other public and private child serving agencies.

TennCare Table 1: Educational Materials

MATERIALS	AMOUNT
English Brochures	6,625
Spanish Brochures	285
English Posters	945
Spanish Posters	528
TEEN Posters	2,541 total
I Get It Posters	685
Get Help Now Posters	782
Dental Posters	538
Say No Posters	536

MATERIALS	AMOUNT
Appointment Cards	3,500
Provider Manuals	15
CD/DVD/VHS	57
TENNderCare Stickers	840
Vaccinate Stickers	30,000
Band-aids	3,157
TENNder Cards	6,821
Special Needs Flyers	2,255

Status: Ongoing
Documentation: TENNderCare Brochure – English and Spanish;
http://www.aafp.org/online/en/home/clinical/immunizationres/immunsticker.html (NCIRD Instant Childhood Immunizations)
Reference Consent Decree: ¶ 39(b)

Children with Special Health Care Needs

The Special Needs flyer was developed during the last reporting period by the Children with Special Healthcare Needs sub-committee. During this reporting period, over 150,000 of the flyers were distributed to 29 child serving agencies. The flyer reminds parents that specialty care is important for the child's particular medical concern, but the annual visit to the Primary Care Provider for a TENNderCare exam is also important for the child's overall health concerns.

Status: Ongoing
Documentation: CSHCN Flyer (Children with Special Healthcare Needs)
Reference Consent Decree: ¶ 39(c); 78

TENNderCare Web site

The TENNderCare Web site had 109,111 hits during this reporting period.

In an ongoing effort to collaborate with other child serving agencies, the following links have been added to the TENNderCare Web site:

- Under Immunizations, links to:
  - o CDC Childhood Immunization Schedule Web page
  - o CDC Childhood and Adolescent Immunization Schedule
  - o Tennessee Department of Health Immunization Web page
- Under Children with Special Health Needs Resources, links to:
  - o Tennessee School for the Deaf Web page
  - o West Tennessee School for the Deaf Web page

Staff representing various agencies across the state continue to participate in the TENNderCare Web-based training. There were 27 people who took part in the on-line TENNderCare training sessions and completed the TENNderCare test. The average test score for the group was 93.7.

Status: Ongoing
Documentation: http://www.cdc.gov/vaccines/recs/schedules/default.htm
(Vaccines Recs-Schedules-Immunizations Main Page)
Reference Consent Decree: ¶ 39(e); 78

Status: Ongoing
Documentation: Instant Childhood Immunization Scheduler
http://www2a.cdc.gov/nip/kidstuff/newscheduler_le/#disclaimer
Reference Consent Decree: ¶ 39(e); 78

Status: Ongoing
Documentation: http://health.state.tn.us/CEDS/immunization.htm
Reference Consent Decree: ¶ 39(e); 78

Status: Ongoing
Documentation: http://tsdeaf.org/ (Tennessee School for the Deaf)
Reference Consent Decree: ¶ 39(c)

Status: Ongoing
Documentation: http://www.wtsd.tn.org/ (West Tennessee School for the Deaf)
Reference Consent Decree: ¶ 39(c)

Status: Ongoing
Documentation: TENNderCare Quiz
Reference Consent Decree: ¶ 39(a); 78

Professional Conferences

The TENNderCare staff participated in two professional conferences during this reporting period. The Tennessee Conference on Social Welfare was held in Nashville from April 3-5, 2007. The TennCare Bureau was an exhibitor at the conference, distributing TENNderCare Special Needs flyers and TENNder Cards to the 550 attendees.

The Tennessee Disability Megaconference was also held in Nashville. The TennCare Bureau placed 500 of the TENNderCare Special Needs flyers on the Community Table for distribution. This event attracts individuals who have special healthcare needs as well as professionals who work with them. It is a well-attended conference, this year drawing more than 1,000 attendees, exhibitors, and speakers.

Status: Completed
Documentation: TCSW Program 2007;
http://www.tndisabilitymegaconference.org/
Reference Consent Decree: ¶ 39(a); 39(d)

Annual Overdue Letters

The TennCare Bureau mails letters each month to enrollees who have not had a TENNderCare exam within the last 12 months. The letter is mailed to the head of household to inform the family that their child, mentioned by name, is overdue for their annual physical exam. They are informed about the

TENNderCare program and reminded of the importance of preventive services. The table below indicates the number of letters that have been mailed during this reporting period. (The decrease in the amount of letters mailed during the second quarter versus the first quarter was due to a programming error in the first quarter which resulted in letters being sent to some children who did not meet the defined criteria.)

TennCare Table 2: Annual Overdue Notices

MONTH	LETTERS
JANUARY 2007	36,156
FEBRUARY 2007	33,438
MARCH 2007	36,895
APRIL 2007	27,165
MAY 2007	28,296
June 2007	29,068

Status: Ongoing
Documentation: TENNderCare Annual Overdue Letter
Reference Consent Decree: ¶ 39(j)

National Healthcare for the Homeless Council

A statewide outreach and education contract with the National Health Care for the Homeless Council (NHCHC) has continued to assure that eligible homeless children residing in Tennessee emergency/homeless shelters are enrolled in TennCare and receive EPSDT information upon enrollment. The TennCare Shelter Project Enrollment Coordinator had several meetings with county outreach workers in Hamilton, Shelby and Davidson County Health Departments to discuss the dissemination of TENNderCare/EPSDT information in the communities.

On February 28, 2007, the TennCare Shelter Project Enrollment Coordinator provided a presentation to 30 Shelby County outreach workers on the effect of children's health when children are involved with homeless shelters. He reported that EPSDT screens will assist providers in early detection and treatment of health problems as well as prevention of developmental delays.

On March 13, 2007, the project conducted a Train the Trainer workshop in Chattanooga-Hamilton County. This training was designed to bring together multiple shelter staff, community agencies, and individuals to explain the importance of EPSDT visits. This training helped the shelter staff understand the importance of preventive care, and gave them educational tools to use in conveying this information to homeless families.

Status: Ongoing
Documentation: National Healthcare for the Homeless Council Report 3rd Quarter
Reference Consent Decree: ¶ 39(d); 78

Cultural Competency/Literacy Training

In January 2007, the Bureau of TennCare's Office of Non-discrimination Compliance/Health Care Disparities conducted a workshop on Cultural Competency in Healthcare and Health Care Literacy for TennCare's contractors and other members of the State's healthcare community. The panelists for the training included:

- A Vanderbilt University Anthropologist and former Department of Health Director of Disparities Elimination
- Tennessee Department of Health/Office of Minority Health, Institute for Healthy Communities.
- TDMHDD Program Planner - Division of Special Populations, Tennessee Department of Mental Health and Developmental Disabilities.
- Vice-President for Hospice Services, Alive Hospice, Nashville, Tennessee, Hospice care and long term care patients.
- A native of Sierra Leone, trained in medical anthropology and public health, TSU staff member in the Department of Health Sciences and Health Administration, addressing the cultural competence health needs of African immigrant communities.
- Tennessee Department of Health/Office of Minority Health.
- World Relief speaking on the Muslim community.

At the June 2007 Quality Oversight Quarterly Meeting with the MCCs, the TennCare Bureau Associate Medical Director provided the attendees with a training session on health literacy. Emphasis was placed on the provision of health information written at or below the sixth grade reading level; recognition of techniques and sensitivity for limited reading ability; and strategies to assist individuals with limited reading ability. All MCCs were represented at the meeting. This information will also be shared with members of the Enrollee Outreach Workgroup who are active in developing enrollee materials.

Status: Completed
Documentation: Cultural Competency Agenda, January 30, 2007
Reference Consent Decree: ¶ 39(c); 39(d)

Status: Completed
Documentation: TennCare Health Plan Agenda, June 5, 2007
Reference Consent Decree: ¶ 39(c); 39(d)

Dental Outreach

Doral Dental of Tennessee, LLC is the dental benefit manager for TennCare. They have been very active in providing oral health outreach for TennCare enrollees, working with community based organizations across the state as well as schools and health departments. During this reporting period they have participated in 34 events which have resulted in a total of 3,487 face-to-face contacts and 1,295 oral health screens. The total number of people at these events who received oral health education, information on TennCare dental benefits, and TENNderCare preventive health messages was 5,203.

Status: Ongoing
Documentation: Doral Dental Outreach Report June 15, 2007
Reference Consent Decree: ¶ 39(d)

Public School Outreach

TennCare, in conjunction with the Enrollee Outreach Workgroup, has developed a flyer for distribution to the public schools throughout the state. The flyer emphasizes the need for parents to schedule TENNderCare exams even when their child is not sick. It also includes a statement that TENNderCare exams can take the place of sports physicals. The flyers will be distributed during the fall of the 2007-2008 school year.

Status: Ongoing
Documentation: TENNderCare School Flyer English, Spanish
Reference Consent Decree: ¶ 39(a); 78

TennCare Provider Education

During 1st quarter 2007, planning meetings began for the 2007 Tennessee Medical Association (TMA) Workshops. Provider Networks staff are active participants in these workshops that provide attendees with new and updated information regarding TennCare.

TennCare Provider Networks staff also represented the Bureau while attending other meetings with providers and their staffs to discuss the start-up of the new Middle Tennessee MCCs. Training sessions were held throughout the Middle Tennessee Region by the new plans and Provider Networks staff attended 38 of these sessions.

TennCare Provider Networks representatives visited 599 provider offices this reporting period. Provider offices were visited for various reasons, including, but not limited to: discussion of various billing and eligibility issues; dissemination of information regarding new policies with a potential effect upon providers; maintenance of relationships with the provider community and provision of general assistance to providers regarding TennCare issues. Provider recruitment for the new Middle Tennessee MCCs was the topic most often discussed during visits made this quarter, while "Cover Tennessee" and general pharmacy questions also ranked among the most frequent topics of discussion. Provider representatives distributed TennCare information at Department of Health events in both Benton and Gibson counties and also made a TennCare educational presentation at an inter-agency meeting in Gibson County.

Status: Completed
Documentation: Provider Network Visits by County and Date, July 2007
Reference Consent Decree: ¶ 41(c)

MCO Outreach

The MCOs submit quarterly EPSDT reports to the Bureau of TennCare with specific details of their enrollee outreach efforts during that period. Each MCO is responsible for six outreach attempts per year per enrollee plus additional outreach efforts for those enrollees who are overdue for screens. During this reporting period, all MCOs met the requirements listed in the table below. In addition, these activities are verified by the external quality review organization during the annual quality survey.

TennCare Table 3: MCO Required Outreach Activities

OUTREACH ACTIVITY
Member Handbook
Newsletter
Reminders prior to screening due dates
Reminders of overdue screening dates follow-up for enrollees, eligible for EPSDT, who have not received services within a year
Outreach to pregnant women advising them of the availability of EPSDT services for their children
Assistance offered to pregnant women in scheduling a timely prenatal appointment

The MCCs provide a variety of other outreach activities. The following list is a few of the activities they sponsor.

- TLC contracts with TeleVox to deliver pre-recorded messages to enrollees who are not up to date for immunizations. TeleVox is a leading provider of customer communication and messaging software applications. Over 4,800 messages were delivered between the hours of 5:30 p.m. to 8:30 p.m.
- AmeriChoice and Amerigroup, the new Middle Region MCOs have implemented outreach strategies to educate families on the importance of TENNderCare exams. Amerigroup has a mobile van that will visit communities throughout the region offering health education. AmeriChoice has outreach staff who will be participating in community activities such as health fairs, school-based events, and faith-based initiatives.
- Volunteer State Health Plan recently conducted an outreach effort aimed at adolescent males. In an effort to impact the rates for this hard to reach age group, they offered incentives for obtaining TENNderCare exams. The final data will be made available during the next reporting period.
- Many of the MCOs are able to provide TENNderCare information during both in-bound and out-bound enrollee calls. They remind enrollees of the importance of preventive health services with offers to assist with appointment scheduling and transportation.

- The MCCs also participate in community activities. Some examples during this report period include:
  - Incredible Baby Shower in Rhea County
  - Teen Health Fair in Bradley County
  - Teen Health Fair in Knox County
  - TENNderCare School Presentation in Monroe County
  - TENNderCare Campaign in Fentress County
  - TENNderCare Coalition meeting in Knox County
  - TENNderCare Advisory Board meeting in Hamilton County
  - TENNderCare Advisory Board meeting in Davidson County
  - EPSDT Task Force meeting in East Tennessee Regional Health Office
  - Families First Advisory meeting
  - Centenary Ministries
  - Work Bridge EPSDT presentation
  - Porter-Leath Children's Center Early Intervention, Early Head Start, and Head Start
  - Christ Baptist Church Ladies Teen Straight Talk
  - Craigmont Middle School Faculty meeting
  - Once Upon a Time EPSDT presentation
  - PHP EPSDT Task Force
  - Knox County EPSDT Coalition meeting

Status: Ongoing
Documentation: MCO EPSDT Quarterly Reports 4th Quarter 2006, 1st Quarter 2007
Reference Consent Decree: ¶ 39(b)

MCO Provider Outreach

MCOs distribute provider newsletters that are required to contain information on TENNderCare. In addition, some MCOs employ provider education representatives who visit provider offices to assist with TENNderCare concerns that may be related to audit issues. During this reporting period, Volunteer State Health Plan visited 41 BlueCare provider offices and 85 TennCare Select provider offices following internal EPSDT audits to offer additional education on EPSDT chart documentation; UAHC delivered educational sessions to 159 providers; TLC provided educational sessions to 83 staff at 41 sites.

Status: Ongoing
Documentation: MCO EPSDT 4th 2006 and 1st 2007 Quarterly Reports
Reference Consent Decree: ¶ 46

MCC Marketing Materials

TennCare must review all MCC marketing plans, marketing activity descriptions, and materials prior to distribution to enrollees. The review process was created to ensure the use of clear and non-technical terms. A combination of written and oral information is encouraged so that the program is clearly and easily understood by the enrollee. TennCare uses the Flesch-

Kincaid Grade-Level Readability Test on all written materials to enrollees to ensure they are worded at a sixth grade reading level. During this reporting period the MCCs submitted over 80 separate marketing items for approval. The majority of the approved marketing materials were submitted by the new MCCs in the Middle Tennessee Region. Five examples of approved marketing materials for this reporting period are listed as follows:

- Amerigroup Member Handbook Final Print, July 2007
- UAHC Final Print Member Newsletter, 1st Quarter 2007
- BlueCare and TennCare Select, Keep Your Child Healthy Brochure, First Quarter 2007
- BlueCare and TennCare Select, Teen Newsletter, Second Quarter 2007
- TennCare Select Member Quarterly Newsletter, Second Quarter 2007

The majority of those items were submitted by the new MCOs in the Middle Tennessee Region.

A new MCO/BHO integrated services Member Handbook template was written by TennCare and provided to the new Middle Tennessee plans. The new plans personalized the handbook and provided it to all of their new enrollees prior to the implementation start date.

Status: Ongoing
Documentation: MCC Marketing Approval Letter; Amerigroup Member Handbook Final Print, July 2007; UAHC Final Print Member Newsletter, 1st Quarter 2007; BlueCare and TennCare Select, Teen Newsletter, Second Quarter 2007; TennCare Select Quarterly Newsletter, Second Quarter 2007; BlueCare and TennCare Select, Keep Your Child Healthy Brochure, First Quarter 2007
Reference Consent Decree: ¶ 39(c)

MCO Adolescent Well Care Collaborative

The MCOs have been collaborating on a teen newsletter since 2004 with topics of interest to this age group. The newsletter is mailed quarterly to households who have children ages 15-20 years old. Other state child serving agencies have been a part of this collaborative during its existence; the Behavioral Health Organizations have recently become members since they, too, will be publishing a teen newsletter. The Dental Benefits Manager has also been invited to participate in the calls as a way to identify possible collaborative opportunities with the MCOs.

Recognizing the importance of preventive health for adolescents, TennCare has requested that the MCOs implement a second collaborative project aimed at increasing teen access rates. The new project will be regionally based and is scheduled to begin in January 2008. The MCOs will develop one intervention per region targeting the 15-20 year age group. The project will be implemented in January 2008 with completion expected in December of the same year. Data collection will be based on claims making a final report analysis possible by June 2009. The end goal is for the successful projects to be implemented on a statewide basis, thereby impacting the health status of all TennCare

adolescents. Currently, planning for implementation and evaluation of the project is taking place among the MCOs in their respective regions.

Status: Ongoing
Documentation: MCO Adolescent Well Care Collaborative Summary May 31, 2007; BlueCare and TennCare Select, Teen Newsletter, Second Quarter 2007
Reference Consent Decree: ¶ 39(l)

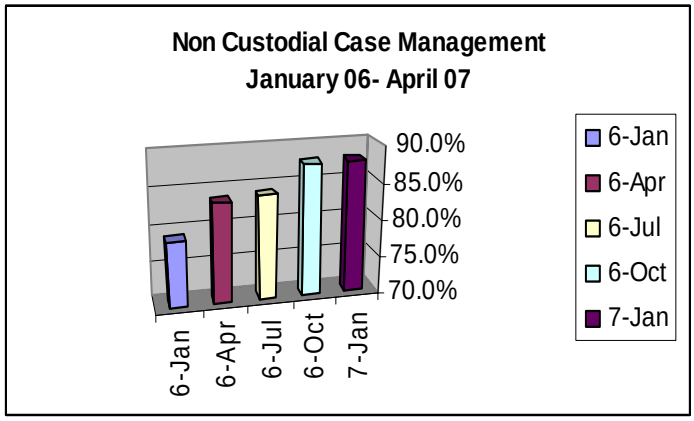
Department of Children's Services
EPSDT/TENNderCare Outreach and Informing

Case Management Non-Custodial Outreach

DCS continues to provide targeted case management to children and families through non-custodial prevention case management.

DCS has begun to regularly report to regions on the percentages of face-to-face contact recorded in the child tracking system for non-custodial case management services.

DCS has increased the percentages of face-to-face contacts documentation for the last calendar year. In January 2006, the percentage of face-to-face documentation was at 78.9%. This increased 9% to 87.9% for January 2007.



Non Custody Clients Served by DCS

2007 to - date totals

January	February	March	April
7221	6609	6738	6610

Average 4 month:
Face- to- Face Documentation:
87.8%

Outreach to Foster Parents

"Medication Administration for Resource Parents" is a training workshop which provides Resource Parents the knowledge base to safely and effectively administer medications to children in their care. DCS has worked closely with the Tennessee Center for Child Welfare Consortium to provide training to Resource Parents on the topic of medication administration. DCS has partnered with Schools of Nursing at Consortium Universities to deliver this training to Resource Parents. The nursing schools have used this training opportunity as a community health clinical rotation for their nursing students.

In the Spring 2007 semester (January 2007 through May 2007), the partnership was piloted with three Schools of Nursing – University of Tennessee Knoxville, Union University, and Freed-Hardeman University. During that time, there were a total of 15 workshops with 265 people trained. These three Schools of Nursing continue to offer this training through the Summer semester with additional Schools of Nursing signing on for participation in the Fall semester.

DCS Regional and Central Office Nurses have also assisted with the delivery of this training at Resource Parent conferences. DCS Nurses have delivered a total of seven workshops with 176 people trained since January 2007, which, when combined with the partnership training above, brought the total to 22 training opportunities and 441 attendees. See the chart below for the breakdown by Region and County. DCS Nurses will continue to offer this training to Resource Parents at both regional Resource Parent conferences as well as at the annual statewide conference.

Region	Attendees	County	Date
Knox/East	11	Sevier	2/20/2007
	7	Loudon	3/3/2007
	7	Jefferson	3/7/2007
	8	Claiborne	3/10/2007
	29	Campbell	3/17/2007
	39	Campbell	3/24/2007
	22	Seymour	3/31/2007
	21	Anderson	4/3/2007
	27	Hamblen	4/14/2007
	34	Knoxville	4/17/2007
Southwest	26	Jackson	2/21/2007
	2	Chester	3/3/2007
	11	Madison	3/15/2007
	6	Chester	4/1/2007
	15	Haywood	4/12/2007
Mid-Cumberland	20	Regional Conference	4/14/2007
	10	TCCW	5/10/2007
Northeast	35	Regional Conference	5/18/2007
Northwest	28	Regional Conference	5/4/2007
Shelby	27	Regional Conference	3/31/2007
South Central	22	Regional Conference	3/8/2007
Southeast	34	Regional Conference	3/13/2007
Total	**441**	**22 training opportunities**	

Outreach to Juvenile Courts

The Commissioner of DCS sent a letter to juvenile judges dated March 7, 2007, regarding services to delinquent youth in DCS custody. The letter provided information regarding TennCare services, including Web links and toll free numbers. The Commissioner urged the judges to work with regional health advocacy teams, including coordinating with regional psychologists for referrals to the Centers of Excellence for specialized assessments. The letter also informed judges of a new phone line dedicated for use by courts so they may have easy access to DCS staff.

Outreach to Teenagers

A Teen Newsletter "Just for You" published by TennCare Select was distributed to regional DCS Well Being units during the 1st quarter of 2007 and made available to case managers and providers to distribute to teens in DCS custody.

During the month of June 2007, DCS provided information to case managers, interdependent living specialists, and regional well being staff to inform them regarding opportunities for youth in DCS custody to be a Teen Spokesperson for the TennCare Select TENNderCare Outreach program.

Outreach to DCS Case Managers with Education about TennCare

Case managers continue to be educated regarding effective advocacy in accessing TennCare services. Since the last reporting period, the following supports and information regarding accessing TennCare services were provided:

TennCare Tips and publications on the DCS Intranet WWU/ Weekly Wrap Up

- A DCS All was distributed to all DCS employees on January 19, 2007 regarding the new Medical icon in TNKids, and informing case managers to provide the Health Services Confirmation form to the SAT coordinator for the health visits a child receives. The distribution included a copy of the Health Services Confirmation form as well as contact information for the regional health advocacy units.
- An article was published in the DCS Weekly Wrap Up regarding the New Medical Icon on January 22, 2007. The article educated case managers that the SAT coordinator would be entering the health services information for children on their case loads, and that the SAT coordinator would need to receive the Health Services Confirmation form.
- An article was published in the Weekly Wrap Up regarding the services of the Crisis Management Team and their work with TennCare services and at risk children; this was published on January 29, 2007.
- On February 15, 2007 an article which provided links to information about accessing services was published on the DCS on-line newsletter regarding accessing medical and behavioral health services for juvenile justice youth in and at risk of custody.
- A DCS All was issued on March 3, 2007 regarding TennCare benefits while youth are in Youth Development centers, and the transition process for TennCare eligibility.
- An article was published in the DCS on-line newsletter on April 4, 2007 regarding the new TennCare Managed Care Companies for the Middle Tennessee area.
- A DCS All was issued on June 4, 2007 providing education on the need to coordinate application for disability benefits for all youth in custody aged 16½ who have a handicapping condition that are not already receiving SSI. This message included attachments of the transition process for disabled youth.
- An article was published in the DCS on-line newsletter dated June 11, 2007 to inform case managers about opportunities for youth in DCS custody to apply to be Teen Spokespersons for TennCare Select TENNderCare outreach.
- An article was published in the DCS on-line newsletter dated June 11, 2007 to inform case managers to contact their regional well being psychologist or health advocate representative if they have concerns about the frequency of therapeutic visits in the outpatient setting.

- The DCS Intranet home page TennCare section was updated in June 2007 and provides the TennCare Medical Appeal form, a PowerPoint training on access and advocacy to services, and other information to assist case managers.
- A DCS All, "Thou Shalt not Whine," was published on June 18, 2007 regarding the importance of contacting the health advocacy representative if TennCare services are not able to be accessed in a timely manner.

Outreach by Regional Well Being

Health Advocacy Outreach
DCS provided educational outreach regarding EPSDT and TennCare services to DCS case managers, foster parents and DCS contract agencies. Since the last reporting period, from January – June 2007, 129 sessions were held, with outreach to 1959 persons.

Health Advocacy Training January – June 2007		
Region	*Number of Sessions*	*Number of Persons attending*
Davidson	11	83
East Tennessee	6	107
Hamilton	19	568
Knox	12	81
Mid Cumberland	12	165
Northeast	10	299
Northwest	14	132
South Central	13	88
Shelby	9	112
Southeast	12	151
Southwest	7	62
Upper Cumberland	4	111
Statewide	**129**	**1959**

Outreach by Well Being Educational Liaisons
The DCS Well Being Educational Liaisons coordinate school related matters for children in and at risk of custody, and work with local education agencies (LEA)

regarding DCS systemic issues. Below is a summary of the Educational Liaison activities for the 1st quarter of 2007.

MONTHLY ACTIVITIES			
Education Specialists	**Month:**	**Jan, Feb, March**	**2007**

On-site Visits	**Public School**	**Contract School**	**DCS/ Other**
CFTM	30	74	324
IEP/504	400	54	19
Monitoring	72	64	20
Committee / Staff Meetings	39	23	149
Obtaining Records	193	65	72
Suspension/Expulsion	82	3	11
Other	133	46	88
TOTAL:	**949**	**329**	**683**
Trainings Conducted	**# of trainings**	**# of attendees**	
Surrogate Parent	7	42	
Foster Parent	6	137	
Public School	3	41	
Contract School	7	63	
Case Manager	33	516	
Other	1	1	
TOTAL:	**57**	**800**	

Technical Assistance by DCS Central Office Health Advocacy to Support Outreach Efforts

- DCS central office and regional well being staff meet to review information, data, and problem solve.
    - The Health/Well Being Advocacy Representatives participated in Continuous Quality Improvement phone conferences on January 10, 2007; January 24, 2007; January 29, 2007; February 27, 2007; March 13, 2007; March 27, 2007; April 10, 2007; April 24, 2007; May 8, 2007 and May 22, 2007.
    - The regional nurses participated in CQI phone conferences on January 10, 2007; February 13, 2007; March 20, 2007; and June 11, 2007. In addition, a statewide conference for regional nurses was held on May 1 and 2, 2007.

    - The regional psychologists participated in statewide meetings on January 11, 2007; March 8, 2007 and May 17, 2007. Psychologists participated in a conference call on February 8, 2007, and CQI meetings on April 19, 2007 and May 17, 2007.
- A presentation of Access and Advocacy to TennCare services was provided to statewide DCS regional fiscal teams on April 11, 2007.
- A presentation on Psychiatric Medications: Q & A sponsored by the Vanderbilt COE was presented by the DCS consulting psychiatrist on June 14, 2007 in Nashville.
- A training for DCS team leaders, persons who supervise case managers, has been developed and contains a segment on Well Being, including TennCare access, advocacy, and appeals. As of June 2007, there have been seven groups of team leader supervisors who have received the training, including 114 participants. Regions receiving the training to date include East, Shelby, and Hamilton.

Status: Completed
Documentation: Weekly Wrap Up Articles Published; Copy of Electronic Transmission; Compiled Health Advocacy Training Report; Compiled Educational Advocacy Report; Agendas and Minutes, (GOCCC Steering Panel minutes and agendas held by GOCCC); Template Letter to Judges; Aggregate Case Management Reports.
Reference Consent Decree: ¶ 39(a); 39(e); 39(o); 78

Department of Education EPSDT/TENNderCare Outreach and Informing

Department of Education EPSDT/TENNderCare Outreach

Pursuant to T.C.A. § 49-2-203, DOE has limited regulatory authority over local education agencies (LEAs). However, the Department provides guidance and technical support to assist LEAs in being a focal point to identify and provide care to children with specials needs, to increase student access to both preventive and curative health services, and to encourage appropriate use of health care resources.

TENNderCare Flyers

The Commissioner of Education continued her commitment to the Children's Cabinet that DOE will work in partnership with TennCare to make available TENNderCare information during the 2006-2007 school year. The TennCare Bureau issued TENNderCare Outreach packets that included TENNderCare brochures, posters and band-aids to all public schools in Tennessee.

Collaboration between the Tennessee School for the Blind and DOH Community Outreach Program

The Tennessee School for the Blind (TSB) continues its collaboration with DOH for its students who are TennCare eligible. A meeting was held April 17, 2007,

to discuss TENNderCare Outreach during TSB student registration on August 10, 2007 and August 12, 2007 for the 2007-2008 school year.

The Nashville Davidson County Metro Region (NDR) Community Outreach staff attended programs at TSB this reporting period:

- May 3, 2007; delivered 180 CSHCN TENNderCare flyers to the school superintendent for distribution to all TSB students and their parents. The flyers were printed in 18 pt. bold Arial font in order to accommodate the visually impaired.
- June 7, 2007; conducted 15 face-to-face contacts with family members and distributed CSHCN flyers.

TSB has also invited the NDR Community Outreach staff to provide TENNderCare outreach on July 1, July 7, and July 15, 2007 to parents who bring their children to TSB for summer enrichment camp and preschool diagnostic activities.

Status: Completed and Ongoing
Reference Consent Decree: ¶ 39(a); 39(b)

Department of Education, Division of Special Education

The Division of Special Education (DSE) continues to promote inclusion of TENNderCare training for Division Staff and Supervisors of Special Education in LEAs through regional meetings. The purpose of the training is to inform special education supervisors about periodic screenings, interperiodic screenings, vision, dental, hearing services and behavioral health services provided under the TENNderCare program.

Status: Completed and Ongoing
Documentation: Special Education Technical Assistance Log (for 2006 – 2007 school year)
Reference Consent Decree: ¶ 39(I)

Tennessee's Early Intervention System (TEIS)

A link to the TENNderCare Web site is available on the TEIS section of DOE's Web site to assist families or providers in easy access to the information. This link is located at the following URL:
http://www.state.tn.us/education/speced/TEIS/otherlinks.htm

In addition, the TEIS Central Directory is now included on the TEIS Web page to assist families in finding specific service providers in their district. The directory is located at the following URL:
http://www.state.tn.us/education/speced/TEIS/regional_map.htm

The directory is available in hard copy to both families and service providers to assist in the location and coordination of services for infants and toddlers with disabilities and their families.

TEIS continued to include the EPSDT Periodicity schedule in all Intake packets this reporting period. TENNderCare brochures are issued to all TEIS District offices for distribution during public awareness activities and to be included in intake packets. TEIS offices are not required to collect data on the number of brochures distributed.

DOE requires all persons acting as service coordinators for Part C eligible children (children ages birth to 3 who qualify under the Individuals with Disabilities Education Act [IDEA]) to complete training comprised of 10 Modules that cover the responsibilities of service coordinators. Service Coordinator's Training Modules 6 and 7 address how coordinators are to complete family and child assessments, including screenings, evaluations, and assessments for programming. In Module 7, trainers are advised to inform the service coordinator of the specific practices and tools used in their districts, which include EPSDT/TENNderCare. In Module 6, (6.16a) there is a portfolio assignment that direct the service coordinator to the TennCare Web site where EPSDT/TENNderCare is one of the covered topics. Service coordinators build a resource guide, are to have local district programs reviewed with a service coordinator from the area, and are to schedule site visits with three - five key service providers in their area. Currently 153 Service Coordinators across the State are fully trained using the new training curriculum including 105 from TEIS and 48 from the Division of Mental Retardation Services (DMRS) agencies.

The Tennessee Early Intervention Data System (TEIDS) is being developed as a Web based data system. The purpose of TEIDS is to help provide a critical flow of information within a dynamic hierarchy of administrative entities at the agency, district, and statewide levels. TEIS consists of a central state office that coordinates and supervises the functions of nine district offices.

There are several exciting future goals of the Tennessee Early Intervention Data System. The design and testing phase was completed, and TEIDS was fully implemented statewide as of January 1, 2007. The system is utilized by the nine TEIS district offices, which serves as points of entry offices, their service providers, and the DOE staff and will be used to track children, birth to three, as they enter and progress through the Part C system. An additional focus of the system is the availability to further track these children as they move through their educational and medical experience. There are specific design elements that are intended to track EPSDT services as well as Immunization schedules. The system linkage to other state data systems will allow for the tracking of EPSDT timelines for the children who participated in Tennessee's Early Intervention System. Children will be tracked up to age 21, if they remain in Special Education, they will be tracked up through Graduation/dis-enrollment if they are not receiving Special Education services and only receive regular education.

Status: Completed and Ongoing
Reference Consent Decree: ¶ 39(I)

Department of Education Training for TennCare/EPSDT Providers

In coordination with Tennessee Chapter of Tennessee Association of Pediatricians and Physicians (TNAAP), TEIS District personnel have participated in the START training for EPSDT providers. This training is designed to provide information to primary care physicians (PCPs) about follow-up and coordination of resources available through the Early Intervention System to children ages birth to three who are suspected of having developmental delays.

Status: Completed and Ongoing
Documentation: (Data for this reporting period will not be available until next reporting period)
Reference Consent Decree: ¶ 42(a)

Department of Education Child Find

DOE requires LEAs and TEIS district offices to conduct public awareness and Child Find activities to identify children with special needs in accordance with IDEA standards. Examples of local efforts may include the use of local Child Find Fairs, Fun Days, media announcements, Web sites, school board meetings, and parent and community meetings. Emphasis is placed on collaborating with a broad array of representatives in the identification of children who may be eligible for special education services. Agencies include DCS, DHS, the Tennessee Department of Corrections (DOC), English Language Learners programs, Head Start, TDMHDD, DMRS, DOH Maternal and Child Health, EPSDT/TENNderCare, TEIS, Tennessee Infant Parent Services (TIPS), Migrant and Homeless Agencies, and Public Health Departments. Representatives often include physicians, dentists, behavior specialists, and other therapists.

Child Find Fairs or Fun Days, popular in many districts, include screening for hearing, speech, vision, motor skills, cognitive skills, developmental delays, dental health, emotional and mental health, and other general health conditions. Special medical or mental health needs may be identified during these processes. As appropriate, based on the individual situation, family receptiveness, and local policy and procedures, information on "next steps" is given to families for children who are believed to be potentially eligible for special education or other agency services. DOE conducts monitoring of LEA and TEIS Child Find efforts through the DSE's Continuous Improvement Monitoring Process (CIMP). The monitoring process includes a thorough data-based Self-Assessment. When inadequate performance is identified through the self-assessment process, a Program Improvement Plan (PIP) must be developed and submitted to the Department.

Status: Completed and Ongoing
Documentation: Tennessee Early Intervention System Quantitative Data System (Data will not be available until next reporting period)
Reference Consent Decree: ¶ 39(I)

Head Start
EPSDT/TENNderCare Outreach and Informing

The following section regarding Head Start EPSDT/TENNderCare Outreach, although not providing information on the provision of EPSDT services by contracted providers, reports activities that assist the State in meeting EPSDT goals of outreach and informing.

Head Start received 1,500 Special Needs flyers from TennCare to disseminate to Head Start Health Coordinators to inform families enrolled in Head Start of the importance of dental care and the importance of preventive health screenings through the child's primary care provider even when the child receives services from specialty providers. Head Start encourages families to be responsible for taking their children for preventive care and serves as a resource to families if barriers to accessing care are encountered. According to Head Start Program Performance Standards, all children enrolled in Head Start are to receive screenings and dental exams within 90 calendar days of enrollment, or as otherwise specified. This timeline assures that each child has received medical and dental care in addition to the routine practice of good health habits on a daily basis.

The Director of the Tennessee Head Start State Collaboration Office attended several exhibits and disseminated the Special Needs flyer to inform families about TENNderCare at the following locations:

- Tennessee Conference on Social Welfare
- Tennessee Association for Young Children
- Tennessee Head Start Conference
- Tennessee Head Start Latino Forum
- Oral Health Forum

Status: Ongoing
Documentation: Head Start Program Performance Standards: 45 CFR Part 1304 Program Performance Standards for the Operation of Head Start Programs by Grantee and Delegate Agencies accessed online June 28, 2007 at: http://eclkc.ohs.acf.hhs.gov/hslc/Program%20Design%20and%20Management Head%20Start%20Requirements/Head%20Start%20Requirements/1304#child
Reference Consent Decree: ¶ 39(d); 78

Department of Health EPSDT/TENNderCare Outreach and Informing

Community Outreach

As the Community Outreach program has advanced, DOH has enhanced its Community Outreach reporting process and instrument. PTBMIS codes, instructions and transmittal forms were developed specifically for this program to report all the different types of community outreach events and TENNderCare

educational materials distributed by community outreach staff, stratified by target groups.

The TENNderCare Community Outreach Patient Tracking Billing and Management Information System (PTBMIS) Pilot Project began May 16, 2007 in the Upper Cumberland and Mid Cumberland regions. The pilot project was successfully completed on June 30, 2007. The new PTBMIS reporting process will be fully implemented in all DOH 13 regions beginning July 1, 2007. Data from the pilot project is listed in Table 1: TENNderCare Educational Materials and Table 2: Community Outreach Activities below:

Table 1: Pilot Project TENNderCare Educational Materials

		Target Audience									
Codes	Educational Material	Adolescents	TC Eligible[1]	Faith-based	General Public	LEP/LRP[2]	Pre-school	School-age	CSHCN[3]	Young Adults	Grand Total
COCSSFL	CSHCN[3] FLYERS				108		1		180		289
COEBRO	ENGLISH BROCHURES	128	3,423	268	8,604		571	211	225	29	13,459
COEFL	ENGLISH FLYERS		175	200	3,844	5	526	1,645			6,395
COEPOS	ENGLISH POSTERS		7		169		6	3	1		186
COSBRO	SPANISH BROCHURES	5	1,311	50	644	863	275				3,148
COSFL	SPANISH FLYERS		50	50	190	95					385
COSPOS	SPANISH POSTERS		1		4						5
COEPC	ENGLISH PAYCHECK INSERTS										
COSPC	SPANISH PAYCHECK INSERTS										
Grand Totals		133	4,967	568	13,563	963	1,379	1,859	406	29	23,867

Legend
1 TennCare Eligible
2 Limited English Proficiency/Limited Reading Proficiency
3 Children with Special Health Care Needs

In Table 1: TENNderCare Educational Materials, the number of materials distributed are stratified according to the target populations. In Table 2: Community Outreach Activities, the number of events represents the cumulative amount of community outreach activities that are stratified according to the target populations. The number of contacts represents the total number of face-to-face or written contacts that were made as a result of the community outreach activities. These activities are categorized according to the target populations. The different target populations are listed in each region's newly developed Community Outreach Plans that were approved in June 2007 to be implemented beginning July 1, 2007. The number of contacts is unknown for media activities, newsletters and newsletter articles because there is not a definitive method to measure the number of people in the general public who actually listened to radio or TV broadcasts, or to measure the number of people who are TENNderCare eligible or in the general public who read newsletters or newsletter articles about the TENNderCare program.

Table 2: Pilot Project Community Outreach Activities

			Target Audience									
Codes	Community Outreach Activities	Events/ Contacts	Adolescents	TC Eligible[1]	Faith-based	General Public	LEP/LRP[2]	Pre-school	School-age	CSHCN[3]	Young Adults	Grand Total
COAA	**ANNUAL AGENCY**	# Events				10						10
		# Contacts				207						207
COAHV	**ATTEMPTED HOME VISITS**	# Events		25		6			2			33
		# Contacts										
COBRO	**BROCHURE DISTRIBUTIONS**	# Events		22	8	77	8	11	9			135
		# Contacts		115	10	657	12	41	16			851
COCHV	**COMPLETED HOME VISITS**	# Events		30		19				1		50
		# Contacts		159		52				4		215
CODM	**DIRECT MAILINGS**	# Events		13				3		1		17
		# Contacts		138				19		5		162
COIN	**INVITATIONS**	# Events				14	2					16
		# Contacts										
COLSP	**LOCAL SPECIFIC ACTIVITIES**	# Events	4	8	2	70	4	15	13	1		117
		# Contacts	177	156	238	4,708	129	307	328	250		6,293
COLTN	**COALITION**	# Events				3						3
		# Contacts				30						30
COMB	**MEDIA BROADCAST**	# Events				7						7
		# Contacts										
COMP	**MEDIA PUBLISHED**	# Events				2						2
		# Contacts										
CONA	**NEWSLETTER ARTICLES**	# Events		4			1					5
		# Contacts										
CONL	**NEWSLETTERS**	# Events		1								1
		# Contacts										
CONSIG	**CONTRACTS SIGNED(COM.PART.INI)**	# Events				2				1		3
		# Contacts										
COPKD	**PACKETS DISTRIBUTED(COM.PART.)**	# Events				4				1		5
		# Contacts				14				2		16
COPRES	**PRESENTATIONS**	# Events				11					1	12
		# Contacts				94					29	123
COWT	**WELCOME TO TENNDERCARE**	# Events		2								2
		# Contacts		21								21
COMO	**MEDIA OTHER**	# Events				1						1
		# Contacts										
Total # Events			**4**	**105**	**10**	**226**	**15**	**29**	**24**	**5**	**1**	**419**
Total # Contacts			**177**	**589**	**248**	**5,762**	**141**	**367**	**344**	**261**	**29**	**7,918**

On June 20 – 21, 2007, the Community Outreach Program Directors/Managers attended a statewide in-service training in DOH Central Office in Nashville. On June 20, 2007 the Community Outreach Program Directors/Managers received training on PTBMIS codes, instructions and transmittal forms. When the Directors/Managers returned to their regions, they trained the coordinators how to use PTBMIS and how to use the codes and instructions to complete the transmittal forms. In total, the Community Outreach program has 38 Coordinator positions. The Community Outreach Lay Workers will not have access to PTBMIS since they are part-time staff. However, they will use the codes and transmittal forms to report their community outreach activities. The Lay Worker positions total 168.

The Community Outreach Activities listed in Table 3 below reflects data from January 1, 2007 to June 30, 2007 for the TENNderCare Community Outreach program with the exception of data in the Upper Cumberland and Mid Cumberland regions (pilot projects) from May 16 to June, 30, 2007. The pilot project data is reported in Tables 1 and 2 above.

Table 3: Community Outreach Activities

JANUARY 1, 2007 TO JUNE 30, 2007														
Events	Codes	Community Outreach Activities	Number Contacts	Eng Broch	SP Broch	Eng Flyers	SP Flyers	CSHCN Flyers	Eng Posters	SP Posters	HV Packets	CP Packets	Paycheck Inserts	Education Materials
26	AA	Annual Agency	511	543	200	0	0	16	9	9	0	9	0	832
4,545	AHV	Attempted Home Visits	0	2,134	51	124	0	0	0	51	3,101	0	0	5,461
3,300	BD	Brochure Distributions	6,484	57,705	11,739	34,167	3,349	365	613	119	160	500	2,316	116,290
525	CM	Coalition Meetings	3,559	470	25	8	0	0	21	0	2	1	0	531
4,397	CO	Community Outreach	164,819	96,717	11,563	32,519	1,718	128	379	96	2,857	29	1,120	153,948
1,195	CP	Community Partner Initiatives	560	2,188	702	314	1	100	59	21	83	674	549	5,612
9,277	DM	Direct Mailings	10,149	4,429	86	403	15	2	2	0	27	0	0	4,964
625	FB	Faith-based	18,424	13,171	1,455	6,036	304	10	42	5	71	4	0	23,175
2,114	HV	Home Visits Completed	2,966	806	110	40	13	4	0	16	1,185	0	0	2,174
11,411	MB	Mass Media/Broad cast (TV, Radio)	UK	0	0	2	0	0	0	0	0	0	0	2
30	MO	Mass Media/Other (Billboards, Scrolling Billboards)	UK	15	0	0	0	0	0	0	0	0	0	15
38	MP	Mass Media/ Published (Newspaper Articles)*	UK	20	0	0	0	0	0	0	0	0	0	20
23	NL	Newsletters & Newsletter Articles**	UK	480	0	0	0	0	0	0	0	0	0	480
110	P	Presentations	2,436	2,473	490	250	26	61	89	82	0	2	30	3,593
147	WT	Welcome to TENNderCare Meetings	1,521	766	84	393	19	0	5	5	13	0	0	1,288
37,763			211,429	181,917	26,505	74,256	5,445	686	1,219	404	7,499	1,219	4,015	318,385

Highlights of report are:

- Two hundred eleven thousand four hundred twenty-nine (211,429) contacts were made as a result of all the community outreach activities.
- Four thousand three hundred ninety-seven (4,397) Community Outreach activities were completed, resulting in 164,819 contacts mostly through face-to-face or written contact with TennCare enrollees, children and youth of all ages under the age of 21, individuals who work with TennCare enrollees and the general public.

- Three hundred eighteen thousand three hundred eighty-five (318,385) TENNderCare educational materials were distributed through the different outreach activities.
- Media activities included: Eleven thousand four hundred-eleven (11,411) TV or radio broadcasts, thirty (30) TENNderCare outreach messages were displayed on billboards, scrolling billboards or bulletin boards in public areas, and thirty-eight (38) articles were published in local newspapers or magazines. The number of broadcasts was significantly higher this reporting period because the TENNderCare Newsletter article was broadcasted 6,586 times in April 2007 and 1,843 times in May 2007 on the Comcast Cable Channel 15 in Overton County in the Upper Cumberland region.
- One hundred-ten (110) presentations were made to professionals who in the general public or work with TennCare enrollees to educate them about the TENNderCare program.
- One hundred forty-seven (147) "Welcome to TennCare" meetings were conducted targeting 416 Families First recipients and/or their children who are TennCare eligible. Beginning July 1, 2007, Families First orientation classes will become one-on-one meetings between Families First participants and their DHS client Representatives rather than group meetings.
- Home visits were conducted at 2,114 households where face-to-face contact was made with parents or guardians to provide EPSDT outreach for 2,966 TennCare eligible children. The number of children outreached through home visits increased in this reporting period by 33%.
- Home visits were attempted at 4,545 households at which the parent or guardian did not answer their door. In such instances, community outreach staff left TENNderCare brochures, TENNderCare flyers or home visit packets so the families would still have additional written outreach about the benefits of the TENNderCare program available to them.
- Nine thousand two hundred seventy-seven (9,277) direct mailings were sent to enrollees, the parents of TennCare enrolled children or individuals who work with enrollees to inform them about TENNderCare services, resulting in 4,804 contacts. Also, some of these mailings contained information for enrollees, individuals who work with enrollees and the public about upcoming community outreach events. The number of contacts may be greater than the number of events because multiple TennCare eligible children may live in a household.

Status: Completed and Ongoing
Documentation: Status: Completed and Ongoing
Documentation: Community Outreach 2007 1st Quarter Report; Community Outreach 2007 2nd Quarter Report; TENNderCare Community Outreach PTBMIS Transmittal Form Instructions June 12, 2007
Reference Consent Decree: ¶ 39(a); 39(b); 39(d); 39(e); 40; 51; 78

Department of Health TENNderCare Outreach Call Center

The Tennessee Department of Health (DOH) TENNderCare Outreach Call Center has been operational since April 1, 2005. The Call Center provides outreach by phone to families of newly enrolled and newly re-certified TennCare children. The Call Center is staffed with 25 Managed Care Operators, two Managed Care Technicians, two Managed Care Specialists, who supervise the Managed Care Operators, a Managed Care Program Manager, and an Administrative Assistant who provides clerical support to the Call Center.

Each week, the Bureau of TennCare forwards a list of all newly enrolled and re-certified TennCare children to DOH. This list of children is imported into the Call Center's Early Periodic (EP) database system. The Call Center attempts to contact the parents/guardians of these children to advise them of the benefits of EPSDT screenings and assist them in making appointments for these services with their primary care providers or local health department clinics. The operators also make follow-up calls to the parents to determine whether the appointments were kept and reschedule the appointments, as necessary.

Appointment reminder cards are mailed to the parents/guardians of each child for which an appointment is made. Contact cards are sent to the parents/guardians of enrollees for whom TennCare does not have telephone information. These contact cards inform parents/guardians of the importance of preventative health care and the benefits of receiving an EPSDT check ups, and advise them to contact their health care provider or managed care organization to make an EPSDT appointment, if needed. The Tables 1 to 5 below reflect Call Center data for this reporting period.

Table 1: Call Center Data and Types of Contacts

Activity	Comments	Number
No. of contacts attempted	Calls attempted by the call center to families within the past six months (reported by child)	228, 993
No. of contacts made	Calls completed within the past six months (reported by child)	92,857
No. of appointments scheduled	Number of EPSDT appointments scheduled by the call center within the month.	PCP-1,914 HD-164
No. of follow-up calls placed	Number of calls made with the month to follow up on issues identified in original call with family.	7,654

Table 2: Transportation

Transportation	
No. of enrollees whose EPSDT appointments were scheduled by the Call Center operators and the enrollees were offered transportation assistance.	2,078
No. of enrollees who accepted transportation assistance	193

Table 3: Results of Attempted Contacts

Breakdown of Contacts Attempted	Number
Contacted parent/guardian, who is interested	2,559
Enrollee phone busy	6,528
Please call back later	16,767
Enrollee moved	2,766
Phone not in service	30,201
Rude Answerer	2,101
No answer	36,183
Not interested	45,024
Disconnected before translator could be added	139
Answering machine picked up	69,206
Wrong number	17,485
Other	34

Table 4: Documentation of Reasons Services Declined

Reasons Given for Not Interested	Number
Has appointment already/will make own appointment	5,120
Inconvenient	807
No longer eligible	2,672
Had recent checkup	34,395
Child refuses	59
Service not believed to be necessary	157
Child died	55
No reason documented	1,759

Table 5: Appointment Follow Up

Results	
Kept appointment	968
Did not keep appointment	530
Unable to reach	1,568
Percent appointments kept	65%

Status: Completed and Ongoing
Documentation: January 2007 – June Call Center Monthly Reports
Reference: ¶ 39(a); 39(e); 39(g); 39(h); 39(i); 40; 51

DOH Nursing Call Center

The Nursing Call Center staff receives a file with patient records from TennCare of pregnant woman identified in the TennCare database system. The nursing call staff attempted to call pregnant woman on TennCare to discuss the importance of early and continuous prenatal care as well as the importance of TENNderCare screening for the infant according to the AAP Periodicity schedule. In addition, the staff maintained a One-877 LIVE TO 1 (1-877-548-3861) call-in line that gives pregnant women and new mothers access to a nurse to respond to their questions/concerns. The Nursing Call Center is currently staffed with one nurse practitioner.

Below DOH tables reflects data for the Nursing Call Center from January 1, 2007 to June 30, 2007 reporting period:

Activity	Comments	Jan 2007	Feb 2007	Mar 2007	April 2007	May 2007	June 2007	Totals
Total # of prenatal calls	Calls Attempted	2,408	575	526	537	632	955	5,633
Total # of completed calls	Prenatal reached & message given	402	104	149	124	146	209	1,134
Total # of callbacks	Number of follow up calls	1,177	420	357	292	268	367	2,881
Completed callbacks	Reached & message given on follow up call	84	72	30	62	52	75	375

Results of Calls							
Assisted with resources	402	104	149	124	146	209	1,134
Receiving prenatal care	402	104	149	124	146	209	1,134
Referred for dental care	402	104	149	124	146	209	1,134

Breakdown of Calls							
Enrollee moved	72	10	3	3	7	12	107
Phone not in service	183	19	26	33	44	94	399
No answer	267	59	70	45	71	102	614
Got Answering machine	958	309	219	242	285	341	2,354
Wrong number	60	7	5	6	4	21	103
Please call back later	380	50	41	64	57	152	744
Phone busy	69	14	11	16	13	18	141
Not interested	2	0	0	0	0	0	2
Rude	14	2	2	4	4	5	31
Incomplete call	1	0	0	0	0	0	1
Does not have PCP	0	0	0	0	0	1	1
Referred	0	0	0	0	1	0	1
Patient notified	0	1	0	0	0	0	1
Service completed	122	11	17	11	12	28	201
Trimester call	280	93	132	113	134	181	933
Totals	**2,408**	**575**	**526**	**537**	**632**	**955**	**5,633**

Addendum: January data reflects the work of three full-time Nurses and backlog data. February data represents the effort of one full-time Nurse and one full-time Nurse who worked for two weeks during the month. Other data reflects the work of one full-time Nurse for the following months.

Status: Completed and Ongoing
Documentation: Nursing Call Center Report January 1, 2007 to June 30, 2007
Reference Consent Decree: ¶ 39(a); 39(n); 40

Department of Human Services EPSDT/TENNderCare Outreach and Informing

The Department of Human Services (DHS) continues to determine eligibility for more than 40 different Medicaid categories and processes enrollees who are being reviewed for TennCare Standard and TennCare Medicaid. TennCare Standard remains closed to new enrollment for both adults and children. Children who lose eligibility in a Medicaid category can potentially be 'rolled over' to TennCare Standard if they are under age 19, have no insurance or access to insurance, and meet certain income guidelines. Children turning age 19 who are currently eligible as a TennCare Standard enrollee lose eligibility in that category due to age, but may be Medicaid eligible up to age 21. All categories of Medicaid remain open for children. Eligibility criteria for Medicaid categories differ depending on the child's age, family income and for some categories, family assets.

DHS eligibility counselors inform applicants initially about EPSDT /TENNderCare services upon application for TennCare coverage and again during subsequent reviews. Eligibility counselors also explain the coverage provided by TennCare.

DHS Outreach for Target Populations:
Limited English Proficiency, Deaf, Illiterate or Visually Impaired

TENNderCare brochures and the DHS application form for Medicaid/TennCare, Food Stamps and Families First are available at local DHS offices in English and Spanish. Additionally, the DHS application is available in English and Spanish through the DHS Web site.

All notices sent by DHS include information about foreign language assistance. Notices are printed in Spanish if that language is the primary language.

DHS assists all clients with Limited English Proficiency (LEP) by providing free translation services, as needed.

- Translator services are provided through Open Communications International (OCI) which is the current vendor for State Government. Most translation services are provided through three-way telephone conversations between the client, the DHS counselor and the translator on the call.
- Alternatively, a client can request to have a translator present at the local DHS office for a face-to-face meeting with their eligibility counselor. Translation services are free to all clients and can be arranged prior to the date of the meeting.

Use of sign language assistance for office interviews or Teletypewriters or Telecommunication display devices (TTY or TDD) is available for the deaf or hearing impaired.

Individuals who are illiterate can authorize a representative to act on their behalf, usually a friend or family member or possibly an ombudsman or attorney. They can request assistance from their local DHS office in completing the application form and in obtaining needed verifications. They can also call the Family Assistance Service Center (FASC) for assistance or to ask questions about the application process. Notices they receive from DHS can be brought to their local office and read to them if they have no authorized representative to do so.

Individuals who have visual impairment can authorize a representative to act on their behalf for assistance in having written information explained to them. They can also request assistance from DHS in completing the application form or in obtaining required verifications. They can call the Family Assistance Service Center for information about their case, or to inquire about any notices they have received. They can also bring written material to DHS in order to have it read to them.

Family Assistance Service Centers

The Family Assistance Service Centers (FASC) provide a single point of entry for customer service and create a more efficient and more easily accessible process for DHS clients with questions or changes to report. There are over 230 counselors currently handling calls from across the state at the four FASCs. The FASC locations include Morristown, Clarksville, McKenzie and Memphis. The staff is extensively trained and knowledgeable about all DHS services, particularly:

- TennCare eligibility guidelines and application process;
- EPSDT/TENNderCare services; and
- Requests for help regarding medical service delivery and/or reporting problems in TennCare coverage.

Families First Program

As a requirement of the Families First Program, a participant must develop a Personal Responsibility Plan (PRP) with a Families First case manager. The Families First program requires participants to ensure their children receive immunizations and health checks in accordance with the EPSDT periodicity schedule. DHS eligibility counselors explain this requirement at application and at each subsequent 6 month review, with the adult caretaker in a way that is easily understandable. Immunizations and health checks are validated by eligibility counselors. Failure to comply with either the immunization or health check requirement without good cause results in a 20% reduction in the Families First cash assistance payment requirement. Children may be exempt from the immunization or health check requirement for good cause, if one of the following occurs:

- A physician or DOH provides a signed and dated statement giving a medical reason why the child should not be given a specified

immunization; or
- A child's caretaker/parent makes a clear statement that such immunizations or health checks conflict with religious tenets and practices.

Partial Sanction Data:

- DHS is capturing sanctioned data on child-only cases. The caretaker is not included in child-only cases because the caretaker is either an SSI recipient or the caretaker is not the child's parent and is not required to be included in the Families First case.
- From January 1, 2007 to June 30, 2007, DHS estimates 85,758 separate Families First cases received benefits. Of these cases, an estimated 408 cases were sanctioned for the lack of required health checks. The mean number of months that clients were sanctioned totaled 2.9 months.

In calculating the number of Families First cases, an estimated 98% of Families First cases in 2007 were found to be in compliance with the PRP requirements. The Families First Program remains vigilant in ensuring that children receive their immunizations and EPSDT/TENNderCare screens according to the EPSDT periodicity schedule.

Status: Ongoing
Documentation: Background – Source for Summary of DHS Families First Case Data Extract-SAR073107; DHS Families First Case Extract Data –SAR073107
Reference Consent Decree: ¶ 39(p)

Department of Mental Health/Developmental Disabilities EPSDT Outreach and Informing

The Tennessee Department of Mental Health and Developmental Disabilities (TDMHDD) continues its outreach efforts contractually through the BHOs. Many of the outreach activities have been reported in detail in previous Semiannual Reports.

Distribution of the Behavioral Health Organization Enrollee Handbook

Behavioral Health Organizations (BHOs) inform all enrollees assigned to their health plans who are under the age of 21 years, or their parent(s), legal guardian(s) or legal custodian(s) of the availability of Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services within 30 calendar days of enrollment and annually thereafter upon the enrollee's anniversary date of enrollment. Between January 1, 2007, and May 15, 2007, the BHOs have distributed to heads of households, 8,666 Premier Behavioral Systems (Premier) of Tennessee member enrollment handbooks and 10,841 Tennessee Behavioral Health (TBH) member enrollment handbooks, including information about accessing EPSDT/TENNderCare services. The decrease from the previous

Semiannual Report is due to the implementation of integrated managed care plans in Middle Tennessee.

TennCare completed the template for the enrollee handbook to be used by all Managed Care Corporations (MCCs) participating in the TennCare Program. Following its completion, TDMHDD and TennCare worked together to develop the Enrollee Handbook template for use by the BHOs. This handbook template was originally projected for completion in winter 2006-2007, but has been postponed until summer 2007 due to implementation of the new integrated health plans in middle Tennessee. Upon completion of the handbook template, the BHOs will then be expected to adapt it to their individual plans. The BHOs will be given approximately 30 calendar days to adapt the handbook and submit it to TennCare, Tennessee Department of Commerce and Insurance (TDCI), and TDMHDD for review and approval prior to sending it to new enrollees. Presently, the BHOs are using their previously approved handbooks and sending them to new members within 30 calendar days of enrollment into their plans.

Status: Ongoing
Documentation: TennCare EPSDT 3rd Quarter 2006 Report – Premier; TennCare EPSDT 3rd Quarter 2006 Report – TBH; TennCare EPSDT 4th Quarter 2006 Report - Premier; TennCare EPSDT 4th Quarter 2006 Report - TBH
Reference Consent Decree: ¶ 39

Distribution of TENNderCare Brochures

The BHOs contractually require all the Community Mental Health Agency (CMHA) providers to inform all persons under the age of 21 years about the availability of EPSDT/TENNderCare services. The CMHAs provide all persons less than 21 years of age with TENNderCare brochures provided by the TennCare EPSDT/TENNderCare Coordinator.

Status: Completed and Ongoing
Documentation: AdvoCare 2006 Provider Manual; AdvoCare 2006 Provider Manual Appendices
Reference Consent Decree: ¶ 39

Distribution of BHO Provider Directories

The BHOs continue to distribute provider directories to all members upon enrollment and on an annual basis. Updated provider directories are distributed to enrollees throughout the year on a semiannual basis. Additionally, BHO members may access up-to-date provider information on the BHO internet Web site that is updated quarterly and through a link posted on the Bureau of TennCare Web site.

Status: Ongoing
Documentation: BHO Provider Directory available at www.magellanhealth.com
Reference Consent Decree: ¶ 39

Distribution of BHO Quarterly Newsletters

During this reporting period, the BHOs have completed and distributed one quarterly newsletter to enrollees. A quarterly newsletter is currently under review by TDMHDD and TennCare for approval. The newsletters, submitted to TennCare and TDMHDD for review and approval prior to being mailed to TennCare enrollees, provide TENNderCare information and articles pertaining to health and mental health services and/or issues of children and adolescents.

TDMHDD also collaborated with TennCare to review and approve AmeriChoice's submission of their TENNderCare Newsletter. While TennCare has the final approval of this document, TDMHDD was able to provide feedback related to behavioral health issues and topics.

Status: Completed
Documentation: Premier Enrollee Newsletter 4th Quarter 2006; Premier Enrollee Newsletter 1st Quarter 2007; TBH Enrollee Newsletter 4th Quarter 2006) TBH Enrollee Newsletter 1st Quarter 2007
Reference Consent Decree: ¶ 39; 40

Behavioral Health Enrollee Education Plans

The BHOs are required to complete Enrollee Education Plans each year outlining how and what information they will provide to enrollees in the coming fiscal year. TDMHDD has sought input from the Consumer Advisory Board of the Mental Health Planning and Policy Council as to the minimum elements that the enrollees they represent would like to have addressed through the BHOs education efforts. Their input and contractual standards led to the development of minimum standards required of the BHOs Enrollee Education Plan for approval by TDMHDD. The BHOs Enrollee Education Plans for FY 2006 – 2007 were due July 1, 2006, and were received timely. The plans were reviewed and approved with some edits required. The BHO Education Plans for FY 2007 – 2008 are due July 1, 2007.

Status: Ongoing
Documentation: Enrollee Education Plan Checklist for FY2007; Member Education Plan for FY2006-2007
Reference Consent Decree: ¶ 39

Magellan Outreach Activities

During the reporting period, the BHOs conducted the following outreach activities:

- 1st Quarter Regional Provider Meetings (East, Middle and West Tennessee)
- Life Care C&A Continuous Treatment Team (CTT) Meeting
- Life Care Provider Relations Meeting
- Region IV Planning Council Meeting
- Region V Planning Council Meeting
- Region IV Needs Assessment Meeting

- Volunteer Provider Relations Meeting
- Education by Network Regional Coordinators regarding EPSDT outreach requirement, since January 2007, for the following providers: FHC Cumberland Hall, Lin Robertson Sexually Abusive Children and Youth Intensive Outpatient Program (SACY IOP), Bendell Associates Mountain States Health Alliance, Fortwood Center, Parkridge-Valley Hospital, and St. Mary's Hospital
- Education regarding EPSDT outreach requirements during Quality Improvement Department provider audits was conducted at five provider offices/facilities.

Status: Ongoing
Reference Consent Decree: ¶ 39

TDMHDD TENNderCare Training

To ensure new employees in relevant divisions of TDMHDD are knowledgeable about TENNderCare, TDMHDD has established a procedure requiring new employees review an on-line training course. From December 16, 2006 thru June 1, 2007, ten TDMHDD employees have completed the TENNderCare on-line training course.

Status: Ongoing
Documentation: TDMHDD New Employee EPSDT Training Protocol
Reference Consent Decree: ¶ 39

Division of Mental Retardation Services
EPSDT/TENNderCare Outreach and Informing

The Division of Mental Retardation Services (DMRS) provides services and support for individuals who are diagnosed with mental retardation through its Home and Community Based Services (HCBS) Medicaid Wavier programs and to young children with disabilities through coordination with the Tennessee Early Intervention System (TEIS). To ensure the early intervention and treatment of health conditions, DMRS informs TennCare enrollees and their families about the EPSDT/TENNderCare program and encourages the provision of EPSDT services to children, birth to three.

For distribution of materials, DMRS outreach targets groups and agencies that primarily support families who have children with disabilities or young people who themselves have a disability. The Family Handbook, A Roadmap to State Services for Adults and Children Who Have Mental Retardation (A Resource for Parents and Consumers) was published in the fall of 2006. Of the initial printing of 20,000 copies, 5,000 were distributed to each of the three regional offices for current consumers and their families and new applicants. In January 2007, a copy of the Handbook was mailed from the DMRS Central Office to each consumer or family unit on the DMRS waiting list. Chapter 6 (pp 71-80) is devoted to Early Intervention and Other Children's Services and

includes a description of the EPSDT program. The Family Handbook is intended to be a tool to give families resources that are available in the State of Tennessee, including EPSDT. On May 17, 2007, approximately 2400 letters and Special Needs Flyers were mailed from DMRS Central Office to waiting list members to remind them to utilize the EPSDT program while waiting for DMRS services.

DMRS has made education and training for the DMRS Case Managers, Independent Support Coordinators (ISC), and early intervention providers a priority. DMRS is ensuring that children and their families who are currently being served and those who are seeking services through DMRS are provided accurate information about TennCare and the EPSDT/TENNderCare program. During this reporting period, Special Needs Flyers were distributed to the DMRS regional intake offices and to early intervention providers from 20 agencies in Middle and West Tennessee at regularly scheduled provider meetings. Flyers were distributed to the East Tennessee providers on June 22, 2007 at their regularly scheduled provider meeting.

Status: Ongoing
Documentation: The Family Handbook, a Roadmap to State Services for Adults and Children Who Have Mental Retardation (A Resource for Parents and Consumers); TennCare Special Needs Flyer
Reference Consent Decree: ¶ 39(a); 78

B. Early and Periodic Screening

TennCare EPSDT/TENNderCare Screening

The Bureau of TennCare reported to the Centers for Medicare and Medicaid Services (CMS) a screening percentage rate of 77% for the federal fiscal year (FFY) 2006. This rate reflects a current increase of 2% from 2005 and a 38 percentage point increase from the baseline year of 1996. The MCOs reported 269,633 EPSDT Well-Child Screening Encounters in their quarterly reports during this reporting period.

Status: Completed
Documentation: CMS 416 Report; MCO EPSDT Quarterly Reports, 4th Quarter 2006 and 1st Quarter 2007
Reference Consent Decree: ¶ 41(b); 41(c); 46

EPSDT Medical Record Review

The 2006 Early Periodic Screening Diagnosis and Treatment (EPSDT) Medical Record Review (MRR) was conducted by nursing consultants from the Division of Quality Oversight, from March 18, 2007 to May 1, 2007. A stratified random sample of 520 medical records constituted the audit sample for review. All records selected were for dates of service from April 1, 2006 to September 30, 2006. The audit was conducted in 95 cities and towns throughout the state at 325 medical provider offices and Health Department clinics.

The purpose of the MRR was to determine the extent to which medical providers were in compliance regarding the documentation of the delivery of the seven components required for the provision of comprehensive EPSDT services to children and adolescents under the age of 21 enrolled in the TennCare program.

Data was collected and analyzed by the epidemiologist and statistical staff of the TennCare Quality Oversight Division.

Based on the annual Medical Record Review (MRR), the overall statewide average compliance rate for documentation of the seven (7) required components of an EPSDT screen for the TennCare EPSDT eligible population for 2006 was 89.1 percent. The adjusted periodic screening percentage rate increased from 66.3 percent in 2005 to 68.7 percent in 2006. The most significant increases were found in the documentation rate of the physical examination and immunizations.

Status: Ongoing Annually
Documentation: 2006 MRR Individual Component Compliance Chart
Reference Consent Decree: ¶ 48-50

EPSDT Dental Activities

TennCare members under age 21 are eligible for medically necessary treatment including diagnostic, preventive, restorative, endodontic, periodontic, prosthodontic, oral surgery, orthodontics, and adjunctive general services. Specific dental procedures are defined by Current Dental Terminology (CDT Codes D0100-D9999). Doral Dental is the Dental Benefits Manager (DBM) for TennCare.

Based on the parameters established by TennCare, as well as enrollee-to-dentist ratios, analysis indicates that child enrollees have good access to dental care and that TennCare is in compliance with its obligation to ensure that dental networks are adequate. Although there is no "universally accepted" population-to-dentist ratio, TennCare has compared our ratio to the number used under Terms and Conditions for Access in the Waiver, where the patient load is given as 2,500:1. As of April 30, 2007 TennCare estimated a ratio of 696 child enrollees ages 3 through 20 to each participating dental provider. For contracted general dental providers only (general dentists and pedodontists), TennCare estimated a ratio of 904:1.

The Provider Networks Unit of TennCare's Chief Medical Office monitors the provider enrollment file which is required to be provided to the TennCare Bureau monthly by each Plan. The reports received continue to show primary care and general dental provider availability for members within the required distance of 30 miles / 30 minutes for rural areas and 20 miles / 20 minutes for urban areas.

Paragraph 46 of the John B Consent Decree requires annual calculation of a dental screening percentage (DSP). Recently, leadership of the TennCare Bureau determined that the screening measure that TennCare has been reporting is actually a participant ratio in which the numerator is the "Total eligibles" ages 3-20 years of age receiving any dental service (ADA codes D0100-D9999) and the denominator is the expected number of dental screenings based upon a periodicity of one screening per year per child for ages 3-20.

Once it was determined that a participant ratio versus a screening ratio was being reported, CMS 416 methodology was used to calculate a true screening ratio. Using diagnostic encounter codes related to oral evaluation/screening by a dentist (ADA codes D0120, D0140, D0150, D0160, D0170, D0180, and D0999), the ratio was calculated using a numerator of total number of diagnostic screenings performed annually for TennCare children ages 3-20 and a denominator of expected number of dental screenings based upon a screening frequency standard (periodicity schedule) of one screening per year per child for ages 3-20. The attached table compares the dental screening ratios to the dental participant ratios from FFY 2003 through FFY 2006. Going forward, TennCare will report both figures in its SARS reports: the participant ratio since this is the measure for which data is available dating back to the baseline year and the screening ratio since this is what is actually called for by the plain language of the Decree.

TABLE: Dental Screening Ratio calculations versus Dental Participant Ratio calculations

Federal Fiscal Year	Diagnostic Service Count * (AGES 3-20)	Expected Number of Dental Screenings † (AGES 3-20)	Dental Screening Percentage	Dental Participant Ratio ₸
2003	297,275	531,054	56.0%	45.8%
2004	343,324	538,215	63.8%	51.0%
2005	349,534	543,851	64.3%	52.8%
2006	357,371	565,118	63.2%	50.9%

Parameters:

* Diagnostic codes were limited to the following CDT codes: D0120, D0140, D0150, D0160, D0170, D0180, D0999,

† Incorporates CMS health screen methodology and instructions for DSP from John B in calculating the expected number of screens

₸ As reported in prior SARS

Between October 1, 2002 (year of the dental carve-out) and April 30, 2007, the statewide dental provider network increased by 114% from 386 to 827 contracted dentists and continues to expand. The general dental provider network is comprised of approximately 636 dentists including 76 pedodontists. The remaining participating dental providers are dental specialists including endodontists, oral surgeons, orthodontists, periodontists, and prosthodontists.

TennCare members under age 21 have also been subject to substantial "dental" outreach. Doral Dental, has conducted outreach activities designed to educate enrollee's about the availability of EPSDT dental services and to increase the number of TennCare children receiving dental care. Doral Dental submits an annual report to TennCare detailing the EPSDT outreach activities that were conducted during that contract year. Besides, newsletters, member handbooks, provider directories and EPSDT access program initiatives, Doral mails dental reminder notices to all members under age 21 encouraging them to schedule a dental appointment.

Doral has also been involved in a member outreach initiative with Colgate-Palmolive that stemmed from an earlier public/private partnership referred to as "No Child Overlooked" where dentists volunteer their time to provide free dental screenings for children under age 21 at community-based events. The goal is to increase access to quality dental services for underserved children. Colgate-Palmolive has also partnered with the project by providing the "Bright Smiles/ Bright Futures" mobile dental clinic. Each Colgate event consisted of Tennessee licensed dentists conducting dental screenings and making referrals for those children in need of follow-up care. Educational materials, toothbrushes and stickers were provided to each child and educational sessions were conducted demonstrating the importance of good oral hygiene and proper brushing.

Since July 1, 2001, a partnership between the Bureau of TennCare and the DOH has resulted in the ongoing provision of statewide oral disease prevention services primarily targeted for children in grades K-8 in public elementary schools where approximately 50% or more of the student population participates in the school lunch program and who may be at high risk for dental disease. Services include one or more of the following: dental screening, referral, follow-up, sealant application, oral health education, oral evaluation and TennCare outreach. The DOH School-Based Dental Prevention Program is conducted in all 13 public health regions of the state. The combination of oral disease prevention and dental care services complement each other and are important in attaining optimal oral health for children.

Status: Completed
Documentation: Doral Dental Annual Report 2006
Reference Consent Decree: ¶ 41(k); 41(l); 40; 78

Tennessee Chapter of American Academy of Pediatrics (TNAAP) Activities

The Tennessee Chapter of the American Academy of Pediatrics (TNAAP) has a grant from TennCare to identify barriers to and improve compliance with EPSDT requirements and associated performance standards. Current areas where TNAAP is working with TennCare include:

<u>EPSDT and Coding Physician Office Visits/Trainings:</u>

- Conducted 27 introductory office visits, representing approximately 113 physicians
- Conducted 31 expanded office visits/trainings representing approximately 180 physicians

Status: Complete and Ongoing
Documentation: Annual Summary of TNAAP EPSDT and Coding Office Visits and Physician Represented
Reference Consent Decree: ¶ 44

<u>Development/Distribution of EPSDT Educational Materials:</u>

- Distributed over 11,900 copies of various educational/outreach materials
- Developed education request form for MCOs to leave at offices. The form allows practices to request training and/or resource materials from TNAAP
- Developed and printed new bike helmet/preventive health care brochure

Status: Complete and Ongoing
Documentation: Annual Summary of Materials Distribution.
Reference Consent Decree: ¶ 44

Developmental/Behavioral (D/B) Trainings and Outreach:

- Trained 37 physician practices using the Screening Tools and Referral Training (START) program (trainings conducted in Cookeville, Franklin, Dyersburg, and Kingsport, Tennessee)
- Exhibited at Tennessee Conference on Social Welfare
- Presented to Mid Cumberland Regional Council Tennessee Commission on Children & Youth on May 11, 2007
- Presented at May 1, 2007 meeting of Middle Tennessee Independent Practice Association (IPA)

Status: Complete and Ongoing
Documentation: TNAAP START Annual Training 2006 - 2007
Reference Consent Decree: ¶ 44

Autism Spectrum Disorder (ASD) Diagnosis Training Pilot Program

In an effort to increase the number of providers qualified to perform ASD evaluations and diagnosis, TNAAP has joined with the Treatment & Research Institute for Autism Disorders (TRIAD) to develop a training program to educate pediatricians on the ASD diagnosis process. The pilot project will begin in July 2007 with the goal of increasing the number of qualified providers, thus, leading to a decrease in the length of time for an appropriate diagnosis and a timely implementation of treatment. As with most developmental disorders, early intervention can lead to positive outcomes for children with ASD.

Status: Ongoing
Documentation: TNAAP/TennCare May 08, 2007 Meeting Agenda
Reference Consent Decree: ¶ 44

TNAAP Provider Outreach

As part of the strategy to address provider documentation of the unclothed physical examination and the adolescent immunization components of the TENNderCare screening, the Bureau of TennCare and TNAAP developed a letter to remind TennCare pediatricians and family physicians that the Medical Record Review, conducted in 2006, had identified deficiencies in the documentation of these two components. The letter was developed with assistance from the GOCCC and the Provider Education and Participation Workgroup (PEP) during the last reporting period. Mailing was completed in the first quarter of 2007. The letters served to remind providers of the importance of medical record documentation with specific emphasis on the unclothed physical examination and adolescent immunizations.

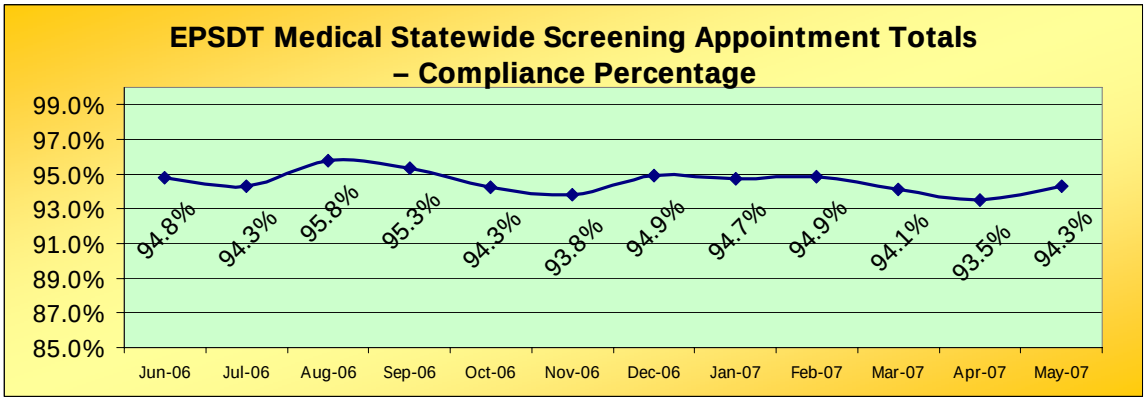
Status: Ongoing
Documentation: TNAAP Letter to PCP Nov '06
Reference Consent Decree: ¶ 44

Department of Children's Services
EPSDT/TENNderCare Screening

Processes to Measure Screenings and Follow-up
Monthly EPSDT Reports

Each month DCS measures the percentage of children who have been taken for a health screening. Data indicate that the overwhelming majority of children in custody complete a health screening appointment on an annual basis. The report measures appointments kept for health screenings for children in custody during the last 365 days.

Region	January 07	February 07	March 07	April 07	May 07
Davidson	90.9%	90.0%	89.3%	89.8%	89.8%
East Tennessee	93.4%	93.1%	92.6%	92.0%	92.9%
Hamilton	97.4%	98.0%	96.7%	97.6%	96.0%
Knox	96.0%	94.0%	94.0%	94.0%	96.0%
Mid Cumberland	95.6%	96.3%	95.9%	95.9%	96.8%
Northeast	94.4%	96.2%	96.5%	96.0%	95.8%
Northwest	97.8%	97.7%	96.7%	94.9%	92.5%
Shelby	92.5%	94.5%	92.3%	89.6%	90.8%
South Central	96.1%	94.6%	93.3%	92.8%	95.3%
Southeast	94.7%	93.9%	94.6%	94.2%	94.9%
Southwest	96.3%	96.1%	93.7%	92.5%	96.5%
Upper Cumberland	99.0%	99.5%	99.3%	98.9%	98.4%
Statewide Total	**94.7%**	**94.9%**	**94.1%**	**93.5%**	**94.3%**



This data excludes children who remain in custody less than 30 days or who are on runaway. Report measures children who have been taken for an EPSDT appointment.

2007 *to date* Statewide Average 94%

DCS has developed a monthly "EPSDT Check up" that averages regional percentages of EPSDT screening appointments kept. This information is provided to regional executive directors. The directors review this information to determine what steps need to be taken to maintain or improve their EPSDT

screening appointment percentage rates working with the continuous quality improvement efforts.

Regional detail indicates that nine regions are at or above 95% of screening appointments met, while three regions are below 95% of screening appointments met. Regions below the statewide average must report to their executive director regarding action steps toward increasing the percentage of screening appointments met. The regions requiring improvement plans are Davidson, East, and Shelby. South Central previously required an improvement plan, and has now raised the screening appointment percentages.

Status: Completed and Ongoing
Documentation: EPSDT Reports; EPSDT Check up Report
Reference Consent Decree: ¶ 52; 94; 95

Tracking of 7 Components of EPSDT Screening

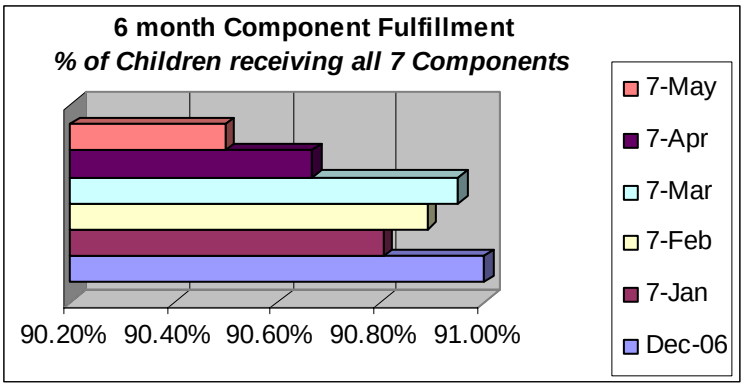
DCS tracks the seven components of the EPSDT screening. A report provides regional and statewide aggregate data. The average percentage of children documented as having received all seven components of the screening was 91 % for the six month time period of November 2006 - April 2007.

Children are referred for services relating to screening components that were not completed (i.e. child had ear infection; referral is made and then hearing screening is complete). The DCS Well Being[1] nurse reviews recommendations for follow up services, and notifies the case manager regarding any follow up care needed.

To monitor follow up care, DCS modified its child welfare tracking system, TNKids, effective January 22, 2007. These changes were made to accommodate identified services and appointments, as well as completed services. These enhancements also amended the selections for entering services (drop down listing) so that more specific categories of services are now available.

All data entered into the SAT/TNKids Medical icon will be entered by the DCS Well Being units, with the SAT coordinator providing the primary role in entering data. The case manager will be provided with copies of all information that is entered into the tracking system.

[1] Previously referred to as Health Advocacy



Status: Completed and Ongoing
Documentation: EPSDT reports, TNKids Screen Shot of Medical Icon
Reference Consent Decree: ¶ 52; 54; 94; 95

Department of Health
EPSDT/TENNderCare Screening

Department of Health Screenings

DOH clinics conducted 30,620 health screenings during this reporting period. The following DOH Table indicates the activity for each of the 13 public health regions.

Tennessee Department of Health
Six Month Health Screenings Report

Health Screens

	Year / Month						
	2007						Grand Total
	January	February	March	April	May	June	
Region	Total Screens	Total Screens	Total Screens	Total Screens	Total Screens	Total Screens	Total Screens
Northeast Tennessee Region	676	565	694	598	664	645	3,842
East Tennessee Region	362	304	341	365	418	345	2,135
Southeast Region	219	201	234	223	258	273	1,408
Upper Cumberland Region	519	399	476	540	542	488	2,964
Mid Cumberland Region	405	397	451	407	453	386	2,499
South Central Region	388	396	513	425	426	281	2,429
West Tennessee Region	804	744	1,086	966	983	917	5,500
Memphis/Shelby Region	712	750	1,022	834	922	831	5,071
Nashville/Davidson Region	211	205	157	47	248	94	962
Chattanooga/Hamilton Region	84	75	62	63	88	55	427
Jackson/Madison Region	96	70	99	107	116	120	608
Knoxville/Knox Region	375	273	321	336	383	399	2,087
Blountville/Sullivan Region	90	109	194	114	97	84	688
Grand Total	4,941	4,488	5,650	5,025	5,598	4,918	30,620

Every effort is made to provide the seven-component screening. If this is not possible for any reason, it is documented in the patient record and in the letter to the PCP and the letter to DCS.

Status: Ongoing and Completed
Documentation: PTBMIS Semiannual Health Screenings Report January 2007 – June 2007
Reference Consent Decree: ¶ 43

Oral Disease Prevention Program-School Based Dental Prevention Program

This program is a statewide, comprehensive school based preventive dental program targeting children in grades K-8 in schools with 50% or more free and reduced lunch program participation. These preventive dental services are offered to all children in these targeted schools. Portable dental equipment is used by dental staff to provide dental screenings, comprehensive dental exams and sealants to this population. Referrals for all children with unmet dental

needs and aggressive follow-up of those children with priority needs are also an effective part of this program. The screenings are provided to all children in the school and no information concerning TennCare status is available at this juncture in the program. Health education, oral evaluations by licensed dentists and preventive sealants are offered to all children in the targeted school as well as outreach information regarding TennCare eligibility and the application process. Oral evaluations and sealants require parental consent. Using the information provided on the consent, each child participating in the sealant program has their TennCare status verified.

The figures for January 1, 2007 through June 30, 2007 are noted in the table below. The number of children screened was 82,096 with 20,278 being referred for unmet dental needs. 18,115 TennCare children had a comprehensive oral evaluation. The number of children receiving protective sealants was 30,357 with 172,401 teeth being sealed. Oral health education was provided by hygienists to 101,233 children. TennCare Outreach was provided to 81,225 children statewide during this time period.

Statewide
School Based Dental Prevention Program
January 1, 2007- June 30, 2007

	Number of Schools	Number of Teeth	Number of Recipients
General Screening	**223**		**82,096**
Referred for Treatment			**82,096**
Periodic Oral Evaluations	**223**		**38,201**
Dental Sealants	**223**	**172,401**	**30,357**
Oral Health Education			**101,233**
TennCare Outreach			**81,225**

School- Based Dental Prevention Program
TennCare Data
January 1, 2007- June 30, 2007

Services	Recipients/Services
Oral Evaluations for children with TennCare	**18,115**
Number of children with TennCare receiving sealants	**13,990**
Number of teeth sealed on children with TennCare	**77,111**

Status: Completed and Ongoing
Documentation: Third Quarter SBDPP Report 2006 – 2007 and Year to Date; Fourth Quarter SBDPP Report 2006-2007 and Year to Date 2006-2007
Reference Consent Decree: ¶ 40; 78

Department of Mental Health/Developmental Disabilities EPSDT/TENNderCare Screening

BHO TENNderCare Tracking

The BHOs continue to submit quarterly reports to TDMHDD and TennCare tracking the number of enrollees less than 21 years of age and the literature distributed to inform enrollees about EPSDT/TENNderCare. Additionally, TDMHDD requires the BHOs by contract to submit a detailed quarterly report of behavioral health screenings. This report, the TENNderCare Tracking Log, details the number of EPSDT referrals received by 26 Community Mental Health Agencies (CMHA) across the state.

A majority of the elements being tracked show little change from quarter to quarter. While providers continue to be deficient in the area of informing children and their parents/guardians about the availability of transportation services, AdvoCare reported that conversations with providers regarding this issue have led to the conclusion that providers are doing the informing of transportation assistance, but have not been documenting these efforts accurately. The BHOs reached out to the Tennessee Association of Mental Health Organizations to seek assistance in educating members of the Children and Youth Subcommittee to increase the documentation of the number of times transportation services have been offered to children and their families.

Status: Ongoing
Documentation: 4th Quarter 2006 BHO TENNderCare Tracking Log; 1st Quarter 2007 BHO TENNderCare Tracking Log, January 2007 BHO Deliverables Report, April 2007 BHO Deliverables Report
Reference Consent Decree: ¶ 39; 41

Division of Mental Retardation Services EPSDT/TENNderCare Screening

The 762 children enrolled in the HCBS waiver as of June 11, 2007, (Final MR Waiver Eligibility Only), and most of the 1796 children who received early intervention services since January 1, 2007 have a degree of disability that requires intense medical and behavioral health management services.

Children who received services through DMRS are required to have an annual physical exam to comply with TDMHDD licensure requirements as well as the DMRS Quality Assurance requirements. Case managers and early intervention

providers are trained to refer children for interperiodic screenings to determine the existence of suspected physical or mental conditions. Case managers and early intervention providers also receive training about the provision of EPSDT/TENNderCare dental services. Children with disabilities often have oral-motor problems which involve the mouth, teeth, and swallowing. Children with developmental delays may also require referral to speech or occupational therapists to assist the child in learning developmentally appropriate eating skills and to teach families appropriate feeding skills. Case managers, independent support coordinators and early intervention providers coordinate various services and follow-up with families on treatment recommendations.

Status: Ongoing
Documentation: Final MR Waiver Elig Only (June 11, 2007)
Reference Consent Decree: ¶ 39(a); 42; 44

Part II: Diagnosis and Treatment
Paragraphs 53 - 77

TennCare EPSDT/TENNderCare Diagnosis and Treatment

MCO Case/Disease Management

MCOs are responsible for delivering medical case management services to enrollees who have been identified as needing assistance in improving their health status. In addition to receiving routine medical case management 30,167 children participated in some form of enhanced medical/disease case management during this reporting period. Case management provides a mechanism for actively coordinating the care of selected enrollees with the goal of optimizing their quality of care and appropriateness of services. Case managers evaluate, monitor, and coordinate care between the enrollee, provider(s) and other appropriate parties by providing education and self-management techniques. Case management may cover an episodic period of time or continue throughout the disease process. The table below indicates the number of children who were involved in medical case management/disease management during this reporting period. The Other category includes catastrophic, transplant, and RSV cases.

TennCare Table 4:
Children Participating in Case Management

PROGRAM	ENROLLEES
Case Management	721
Asthma	19,800
Diabetes	4251
Maternity	4769
Heart Failure	24
Other	602
TOTAL	**30,167**

A variety of other activities occur such as:

- The operation, by TennCare Select, of an active Catastrophic Case Management Program that was developed to promote quality and cost effective coordination of care for enrollees with complicated care needs, chronic/catastrophic illnesses or injuries. The program was designed to prevent unnecessary interruption or delays in services.
- Contracts with a provider who specializes in on-site well-child exams at schools and child care centers. This provider was able to administer over 6,500 exams in West Tennessee during this reporting period.
- A contract, by PHP, with Matria Healthcare, Inc. to administer their maternity program. The program is designed to improve pregnancy outcomes, reduce antepartum and neonatal hospitalization and reduce costs associated with complications of pregnancy. Interventions include risk surveys, educational materials, case management based on risk

stratification, inclusion of obstetricians in plans, a 24/7 pregnancy information line, and an OB newsletter.
- A Chlamydia Screening Program, operated by AmeriChoice, which emphasizes the importance of testing on their enrollee web-site and through provider education.
- Collaboration with health departments that determine presumptive eligibility for pregnant women. These women are offered assistance in scheduling their first prenatal care appointment. The women are also encouraged to report to DHS to apply for TennCare since the presumptive status terminates after 45 days.

Status: Ongoing
Documentation: MCO Quarterly EPSDT Reports, 4th Quarter 2006, 1st Quarter 2007
Reference Consent Decree: ¶ 66; 68; 70

Centers of Excellence
EPSDT/TENNderCare Diagnosis and Treatment

Five Centers of Excellence for Children in and at-risk of State Custody (COE) provide services to children with complex health care needs. Locations of the COEs are:

- Vanderbilt University Medical Center, Nashville
- Southeast Center of Excellence, Focus Psychiatric, Chattanooga
- East Tennessee State University, Johnson City
- University of Tennessee Boling Center, Memphis
- University of Tennessee, Knoxville

The Centers of Excellence provide diverse services that include case consultation, care coordination, psychiatric/psychological evaluations, medical exams, medication management, on-site case reviews with Regional DCS offices, and in-service trainings to community providers. Since the inception of the Centers of Excellence, a total of 4,308 children have been served.

GOCCC held a retreat with the five COEs March 1-2, 2007 to discuss contract revisions, evidence based treatment, Parent Child Interaction Therapy Model (PCIT) and to develop a standardized reporting form. Outcomes of the meeting included a standardized reporting form that captures details of activities projected in the individual COE annual plans.

The following table lists the number of services provided by the COEs this reporting period.

Types of Services	Number of Services
Number of Children seen for Direct (face-to-face) Services	431
New Referrals	389
Case Consultations	274

Types of Services	Number of Services
Care Coordination	309
Psychological Evaluations	100
Psychiatric Evaluations	67
Medical Exams	3
Medication Management Sessions	702
On-Site Case Reviews	30
In-Service Training and Education	21

Examples of trainings conducted this reporting period include:

- Hamilton County School Psychologists and the Director of Exceptional Education; January 4, 2007; "Training on Stress Management and Psychotropic Medications"; 50 participants.
- East Tennessee Council on Children and Youth Conference; "Early and Adolescent Brain Development and the Effects of Child Abuse"; May 23, 2007; Knoxville, Tennessee; 75 participants.
- Training of DCS staff on the "Child and Adolescent Needs and Strengths (CANS)" assessment tool; as of June 2007 over 670 DCS workers in West Tennessee are certified in the administration of the CANS instrument.
- Developmental Trauma; Vanderbilt Medical School Department of Psychiatry Grand Rounds; May 31, 2007; 75 participants.
- Managing Behavior in a School Setting; Project Teach Conference; May 16, 2007; Lebanon, Tennessee; 20 participants.

A contract amendment was finalized with the Vanderbilt COE to include Parent Child Interaction Therapy (PCIT). This service will assist children and their families with impaired attachment relationships. The primary goal is to create or strengthen a positive mutually rewarding relationship between the parent and child by modifying behavioral therapy so the parents will communicate to their children to develop a healthy attachment within the family.

In collaboration with Community Health Network, GOCCC conducted a meeting on June 13, 2007 to discuss telehealth services involving the Southeast (SE) COE. An agreement was reached to further investigate the installation of telehealth equipment and appropriate communication lines into three rural DCS offices, three Community Mental Health Centers and the COE to expand the provision of consultations and evaluations. The SE COE is working with the DCS Regional Administrator to identify the DCS offices that will be included.

Status: Completed and Ongoing
Documentation: ETSU COE Final Semiannual Summary Report January 2007-June 2007; SE COE Semiannual Detail June 2007 Final; SE COE Service Monthly June 2007; SE COE Networking Training Log 1st Quarter; UT Knoxville COE SAR June 2007; UT Memphis Semiannual January 2007-June 2007 Final; Vanderbilt COE Semiannual Report July 2007 Final; Vanderbilt COE Quarterly Report April 2007-June 2007
Reference Consent Decree: ¶ 71(ii); 78

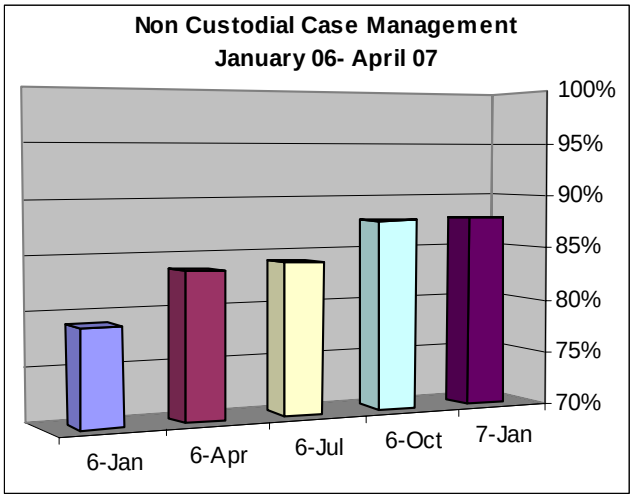
Department of Children's Services
EPSDT/TENNderCare Diagnosis and Treatment

Case Management for At-Risk Children

DCS continues to provide targeted case management to children and families through non-custodial prevention case management. When non-custodial children and their families served by DCS are not enrolled in TennCare, DCS provides families with information regarding enrollment and refers them to DHS, and provides information on safety net provisions when applicable.

DCS regularly reports to regions on the percentage of face-to-face contact recorded in the child tracking system for non-custodial case management services. The data reported in this section include children who are TennCare eligible as well as non-TennCare eligible children. DCS has increased the percentages of face-to-face contacts documentation for the last calendar year. In January 2006, the percentage of face-to-face documentation was 78.9%. This increased 9% to 87.9% for January 2007. The percentage of children documented as having been seen with a face-to-face visit averaged 86.8% for the first quarter of 2007.

DCS assists families in accessing TennCare covered medical and behavioral health services by informing them about services and assisting with setting appointments, or coordinating with the MCCs. DCS coordinates referrals for families for TennCare mental health case management and in home mental health services. When possible, DCS facilitates Child and Family team meetings with the family, the juvenile court, and other stakeholders, when children are at risk of custody. In addition to Child Protective Services (CPS), prevention programs, or court referrals, the Crisis Management Team may refer at risk children for non-custodial case management.



Non Custody Clients Served by DCS 1st quarter 2007

January	February	March
7221	6656	6756

Average 3 month: Face-to-Face Documentation: 86.8%

- These reports reflect point in time data from the TNKids child tracking system, used for management by the regions of their teams. They do not otherwise correspond with targeted case management billing files. Billing information is also from the TNKids child tracking system, but does not correspond in time to the management reports. Data may be updated prior to billing cycles.

Status: Completed and Ongoing
Documentation: Quarterly Face-to-Face Reports, Case Management
Reference Consent Decree: ¶ 54(r); 66; 67; 69

Crisis Management Team

The Crisis Management Team continues to assist DCS court liaisons, prevention workers, families, attorneys for youth, Youth Service officers and court officials regarding TennCare covered services for children at imminent risk of custody. Information regarding the process of assisting children at imminent risk with denied or pending BHO services was described in the previous semiannual report. 204 children (165 of which were enrolled in TennCare) averted DCS custody with the assistance of the CMT during the period of January 2007-June 2007. See Crisis Management Team Report below.

Crisis Management Team Report
January – June 2007

- Number of calls for CMT services - 239

- Information provided by CMT/
  No further follow up requested by referent - 20
  TennCare – 11
  Private/No Insurance – 9

- Number of Children determined by CMT
  to be at Imminent Risk – 219
  TennCare - 177
  Private/No Insurance – 42

- Number of Children averted custody – 204
  TennCare - 165
  Private/No Insurance – 39
  15 *children were placed into custody during this period :*
  TennCare - 12
  Private/No Insurance – 3
  8 *children were placed into the Juvenile Justice system*
  2 *children were authorized for therapeutic foster care, but a specific home was not located within time to avert custodial order of the juvenile judge*
  1 *child was authorized for residential, but child, who was chronic runaway, ran away pre admission, and therefore judge ordered child in custody*
  1 *child was a non Tennessee resident and was ordered into the custody of MS*
  2 *child was authorized residential, but family safety issue caused judge to order custody*
  1 *child was dependent (no guardian); no viable relative would participate in residential treatment and therefore the judge ordered custody*

- Services authorized/coordinated with no Letter of authorization - 153

- Number of Letter of Authorizations - 51
  TennCare – 28
  Special Cases (TennCare eligibility deferred) - 23

- Additional CMT Services -
  o Consultations – 47
  TennCare – 33
  Private/No Insurance – 14

Status: Ongoing
Documentation: Report on Cases Processed
Reference Consent Decree: ¶ 39(h); 67; 71(i); 78; 95

Department of Mental Health/Developmental Disabilities EPSDT/TENNderCare Diagnosis and Treatment

Review and Approval of BHO Supervised System of Care Manual

In order to provide quality services to enrollees, the BHOs have developed a network of Community Mental Health Agencies (CMHAs) that operate under the BHOs' Supervised System of Care (SSOC). The standards and expectations of the CMHA providers are outlined in the SSOC manual, including those standards and expectations relative to TENNderCare. The TDMHDD reviews and approves the content of this manual on an annual basis.

Two meetings were held with the Tennessee Association of Mental Health Organizations (TAMHO), the BHOs, and the TDMHDD to discuss potential modifications to the manual for calendar year 2007. The revisions for the SSOC manual for 2007 have not been finalized or submitted to TDMHDD for approval. The BHOs projected date of completion for SSOC revisions is July 2007.

Status: Ongoing
Documentation: BHO 2007 SSOC Manual (will be available at the end of July 2007]
Reference Consent Decree: ¶ 53

TDMHDD/BHO Contracts

During this reporting period, one contract amendment was executed to the TDMHDD/BHO contracts. The amendments (TBH-East Amendment #7, TBH-Middle/West Amendment #16, and Premier Amendment #17) require the following reports be submitted by the BHOs:

- A monthly report on the use of Institutions for Mental Diseases (IMD) utilized outside of the state of Tennessee.
- An annual report of the average payment rate paid to out-of-plan emergency providers.
- A baseline Business Continuity and Disaster Recovery Plan and proposed modifications when necessary.
- A report of all claim adjusted amounts due to third party liability (TPL) coverage or Medicare coverage.
- An attestation regarding personnel used in contract performance to ensure the prohibition of illegal immigrants.

Status: Completed
Documentation: TBH – East Contract Amendment #7, TBH – Middle & West Contract Amendment #16, Premier Contract Amendment #17
Reference Consent Decree: ¶ 53; 103

Review and Approval of BHO Non-Discrimination Policies and Procedures

The BHOs non-discrimination policies and procedures were reviewed in April 2007 and deemed compliant by TDMHDD. These policies and procedures are

reviewed annually along with the BHOs policies pertaining to access to translators/interpreters for persons who have limited English proficiency, the listing of translators/interpreters available to the providers rendering behavioral health services to TennCare enrollees and the BHOs Civil Rights Compliance Plan and Assurance of Non-Discrimination.

Status: Ongoing
Documentation: January 2007 BHO Deliverables Report; April 2007 BHO Deliverables Report
Reference Consent Decree: ¶ 60

Monitoring Geographic Access to Mental Health Providers

The BHOs have geographic access deficiencies in child and adolescent inpatient services, child and adolescent inpatient substance abuse services, and child and adolescent 24-hour residential treatment facility services. Due to continued deficiencies, liquidated damages have been recommended to TennCare each quarter starting in April 2006 in accordance with the State/BHO contracts. A total of $24,000 in liquidated damages for each quarter has been recommended to TennCare for the two BHOs, Tennessee Behavioral Health (TBH) Middle/West and Premier. The next review and recommendation of liquidated damages, as appropriate, will be completed in June 2007.

The BHOs have made strides to bring new providers into their networks and reduce the number of deficient counties for the above listed service types. Some new programs for children and youth include:

- Inpatient acute alcohol/drug detox in Chattanooga, Tennessee
- Comprehensive Child and Family Treatment team (CCFT) services in Chattanooga, Tennessee
- Intensive Outpatient (IOP) Sex Offender Treatment for Adolescents in Chattanooga, Tennessee
- Juvenile Court Assertive Treatment (JCAT) services in Memphis, Tennessee
- ChildNet in Sevierville, Tennessee beginning July 1, 2007

The deficiencies for geographic access are included in the global deficiencies corrective action plan (CAP) which was updated on May 25, 2007 and is currently under review by TDMHDD. This CAP combines system deficiencies identified through TDMHDD monitoring activities of the BHOs and requires the BHOs to take a systematic approach both internal to their organization and with their network providers to address these deficiencies.

Status: Ongoing
Documentation: January 2007 BHO Deliverables Report; February 2007 BHO Deliverables Report; March 2007 BHO Deliverables Report
Reference Consent Decree: ¶ 61; 71(ii)

Monitoring Involvement of Parents/Family Members in Child's Mental Health Treatment

To ensure the involvement of parents and family members in the determination of behavioral health services delivered to children, by contract the BHOs require providers to have signed documentation of the consumer and parent's/guardian's understanding of the treatment plan, including signature of the parent or guardian and minor, if the consumer is a minor. TDMHDD audits provider records as a part of their performance monitoring efforts of the State/BHO contracts to ensure this requirement is met. This requirement was met at 93% of the 137 records reviewed during the January through March 2007 quarter. The performance benchmark is 90%.

Status: Ongoing
Documentation: Performance Monitoring Plan 3rd Quarterly Report
Reference Consent Decree: ¶ 71(i)

TDMHDD Client Satisfaction Survey

Beginning in July 2005, TDMHDD assumed the responsibility for the annual client satisfaction survey for both BHOs. The 2007 survey will be administered starting in July 2007.

Status: Completed and Ongoing
Documentation: 2007 Adult Consumer Satisfaction Survey and 2007 Youth Consumer Satisfaction Survey will be available for the next reporting period.
Reference Consent Decree: ¶ 71(i)

Mental Health Case Management Services

The BHOs are required by contract to provide mental health case management services for children whose behavioral health needs indicate the services are medically necessary. In January 2007, BHO Case Management Report (October, November, and December data) indicated the BHOs are meeting the requirement for the referral of case management services and the provision of case management appointments within seven calendar days of an inpatient or residential treatment center discharge for children and adolescents. Compliance with these contractual standards are measured through the review of the BHOs quarterly submission of the Case Management Report. The benchmark for compliance is 90%.

Status: Ongoing
Documentation: Premier Case Management Report 3rd Quarter 2006; TBH Case Management Report 3rd Quarter 2006
Reference Consent Decree: ¶ 69

Specialized Crisis Services for Children & Adolescents

TDMHDD continues to collaborate with AdvoCare of Tennessee (the management agency of Tennessee's two BHOs, Tennessee Behavioral Health and Premier Behavioral Systems) in monitoring Youth Villages' performance with crisis services. Several monitoring methods are used to ensure a smooth transition between Youth Villages and other service providers and to ensure quality crisis services are being delivered. Youth Villages Monthly Volume Reports indicate assessment locations, final dispositions to include diversion rates and response times. Most recent data from Youth Villages' Monthly Volume Reports, indicated that for the months November 2006 through April 2007, the agency received a total of 4,058 calls for Specialized Crisis Services for children and adolescents.

Additionally, Youth Villages continues to collect a second source of data using a referral source survey. This opinion survey focuses on Youth Villages' performance and is collected on a monthly basis from parents/guardians, mental health workers, medical personnel, community members, law enforcement/juvenile personnel, school personnel, Department of Children Services (DCS) staff, and others to assist the agency in identifying areas for improvement.

AdvoCare continues to conduct annual chart and site audits of Youth Villages' specialized crisis program, the results of which are monitored by TDMHDD. TDMHDD continues to conduct random crisis chart audits and site visits. AdvoCare collects self-reported data from Youth Villages on a quarterly basis regarding response times, types of calls, case management involvement and final dispositions. TDMHDD includes the department's evaluation of this information in the BHO Deliverables reports on a quarterly basis.

TDMHDD also reviews all inquiries submitted to the BHOs or TDMHDD. Each inquiry is discussed with Youth Villages and the BHO during bi-monthly oversight telephone conference calls. This oversight gives an opportunity to identify any community education/training that is needed or to identify possible trends in deficiencies to assure correction and/or improvements. One issue addressed is response times. This issue has greatly improved over the last few months. Staffing deficiencies and documentation, factors identified as contributing to response times that do not meet standard benchmarks, have been corrected or improved. Other issues sometimes identified in these meetings are lack of available referral resources or resources not taking referrals. These factors are corrected or improved through the BHO with TDMHDD oversight.

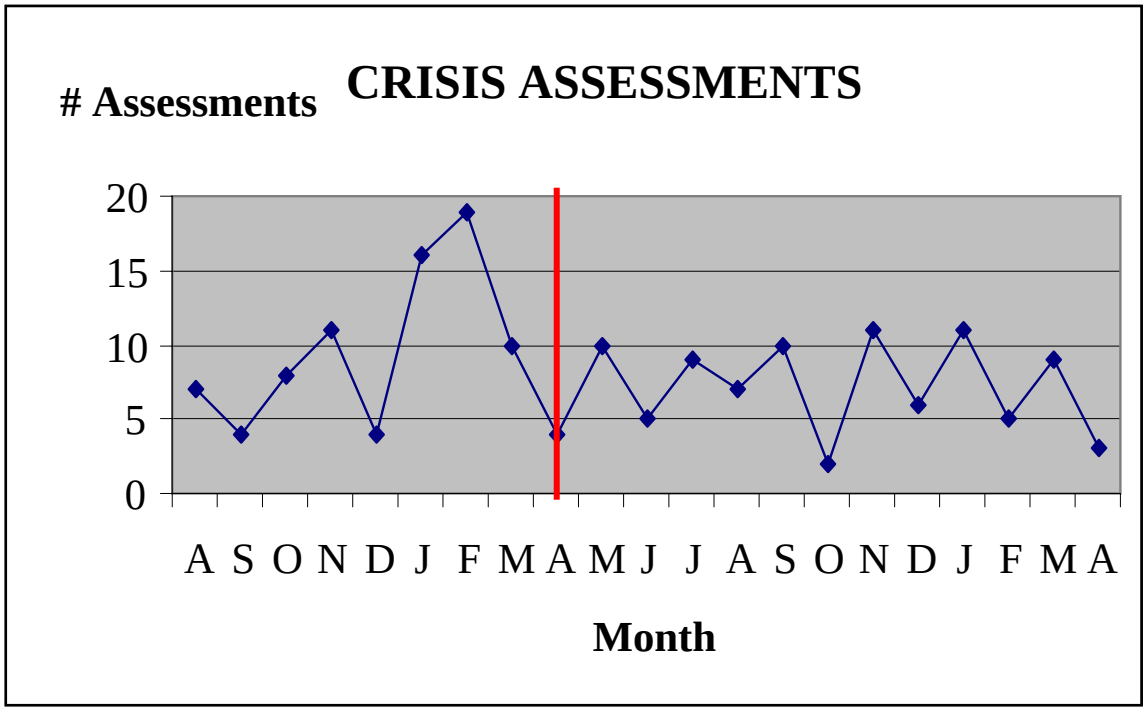
Youth Villages continues to monitor all chronic crisis consumers (persons who are assessed face-to-face three or more times in a month). These consumers are tracked and an individualized treatment plan is developed by all participating treatment providers for the purpose of alleviating the consumer's chronic crisis status.

Youth Villages provides information to and conducts training for interested agencies/entities regarding Children and Youth (C&Y) crisis services. During

the reporting period, training was provided to multiple agencies across the State with some agencies having several follow-up trainings. These agencies included:

- 26 trainings to juvenile justice entities including detention centers, court staff, and/or police departments
- 55 trainings to community outpatient providers
- 42 school systems trainings which also include some guidance counselors and special education staff
- 29 DCS county offices or facilities
- 24 trainings to hospitals
- 28 trainings to consumer advocacy groups

As reported in the January 31, 2007 Semiannual report, a specialized training was conducted in April 2006 with the Rutherford County Juvenile Detention Center staff following a spike in the number of assessments in January and February 2006. As seen in the following graph, and corresponding table below, the number of assessments following the training is relatively similar to those before the spike. This is an example of how the system is monitored and how a response is provided when indicated.



Month 2005	Number of Assessments
August	7
September	4
October	8
November	11
December	4
Month 2006	
January	16
February	19
March	10
April (training)	4
May	10
June	5
July	9
August	7
September	10
October	2
November	11
December	6
Month 2007	
January	11
February	5
March	9
April	3

Status: Ongoing
Documentation**:** Youth Villages' Monthly Volume Reports found on the Web site http://www.youthvillages.org/specializedCrisis.aspx; Youth Villages SCS Outreach and Training
Reference Consent Decree: ¶ 53; 61; 71

Behavioral Health Telemedicine Services

TDMHDD has created a telemedicine workgroup consisting of key stakeholders in the field of mental health and telemedicine. The purpose of the TDMHDD telemedicine workgroup is to increase provider interest and participation in telemedicine and to coordinate efforts in promoting access to care for mental health consumers residing in Tennessee. The workgroup has been addressing barriers and proposed changes in the areas of funding, legislation, and service delivery. In addition, the workgroup developed a survey tool to assess current telemedicine services in Tennessee that also focuses on identifying the barriers providers encounter in the development of the service. The workgroup has projected it will finalize recommendations August 2007.

Status: Ongoing
Documentation**:** TDMHDD Telemedicine Guidelines; Telemedicine Workgroup April 23, 2007 and May 14, 2007 Minutes
Reference Consent Decree: ¶ 53; 61; 71

Policy Academy on Transforming Mental Health Care for Children and Families through Planning, Policy and Practice

TDMHDD, Division of Special Populations Office of Children and Youth, continues to hold monthly conference call or face-to-face meetings with representatives from multiple state departments and agencies, including: DOE, DOH, GOCCC, TennCare, TCCY, DCS, Tennessee Select Committee on Children and Youth (SCCY), Centers of Excellence for Children in and at risk of State Custody, and Tennessee Voices for Children, to work on the goals of the Policy Academy on "Transforming Mental Health Care for Children and Families through Planning, Policy and Practice." The workgroup continues to focus on legislation impacting children/youth and their families, such as the Mental Health Screen Bill and the Certificate of Mental Health Completion Bill (SB3846/HB3893). Presently the Policy Academy members are working with the SCCY on Senate Joint Resolution 799 (SJR799) to strengthen the mental health service delivery system to children.

There have been two Policy Academy phone conference meetings held on February 6 and February 20, 2007. The Policy Academy members have been active in preparing for and attending the Town Hall meetings being held across the state. There were Town Hall meetings in Jackson, Tennessee on January 16, 2007, Cookeville Tennessee, on March 29, 2007, and Knoxville, Tennessee on June 7, 2007. The Policy Academy representatives presented information on SJR799 to the Town Hall attendees and responded to community members' questions and concerns. The Policy Academy members worked with the SCCY on the completion of the SJR Interim Report (April 2007). Academy members are participating in the SCCY hearings and are working on the SJR799 Task Force workgroups and Steering Committee meetings towards preparing the SJR799 Final Report of recommendations to the SCCY projected to be submitted April 2008.

Status: Ongoing
Documentation: Policy Academy Meeting Minutes February 6, 2007 and February 20, 2007
Reference Consent Decree: ¶ 78

System of Care Grant, the Mule Town Family Network

TDMHDD, Division of Special Populations, continues to work toward full implementation of the System of Care grant program, the Mule Town Family Network (MTFN) in Maury County. TDMHDD participates in various committee and subcommittee meetings including the Executive, Leadership, Sustainability, Operations and Partnership meetings in order to assist with planning and implementation of the program. MTFN staff have participated in educational opportunities, including a two-day wrap-around training conducted by a national expert and conferences focused on research and principles on System of Care (SOC). There have been 15 trainings, workshops and conferences this reporting period. In addition, TDMHDD applied for a supplemental grant with SAMHSA to enhance existing program efforts.

Fifty-eight families have been referred to the MTFN. Twenty-five families are currently enrolled in the MTFN and seven families are in the initial screening process.

Status: Ongoing
Documentation: MT Sustainability Mission and Goal; MT Leadership Meeting March 29, 2007 Minutes; MT Operations Meeting January 8, 2007 Agenda; MT Operations Meeting February 13, 2007 Agenda; MT Operations Meeting February 13, 2007 Minutes; MT Operations Meeting March 22, 2007 Minutes; MT Partnership Meeting February 15, 2007 Minutes; MT Partnership Meeting March 16, 2007 Minutes; MT Partnership Meeting April 19, 2007 Minutes; MT Partnership Meeting May 24, 2007 Agenda; MT Social Marketing Meeting April 30, 2007 Agenda; MT Social Marketing Meeting May 21, 2007 Agenda; MT Sustainability Meeting January 11, 2007 Agenda; MT Sustainability Meeting February 8, 2007 Agenda; MT Sustainability Meeting April 2, 2007 Agenda; MT Sustainability Meeting May 3, 2007 Agenda; MT Supplemental Grant Abstract
Reference Consent Decree: ¶ 71

Tennessee Lives Count

The Tennessee Lives Count (TLC) project provides Gatekeeper, Suicide Prevention training to adults who work with youth at very high risk of suicide. TDMHDD funds TLC with a grant received from SAMHSA. The adults who are being trained through this project include those who work in the Foster Care System, Juvenile Justice, teachers in Alternative Schools and Special Education teachers, and nurses in the public health departments. TLC is a statewide program that will provide Gatekeeper training to 14,000 adults who work with at risk youth. The training teaches adults how to recognize the early warning signs of suicide, how to determine risk, myths associated with suicide and where to access resources for mental health treatment for those youth at risk of suicide.

In the past six months, the TLC project has trained over 2,000 Gatekeepers. Trainings were attended by the following groups: DCS staff, Foster Care parents, Juvenile Justice Staff, Health Department nurses, Special Education and Alternative school staff, college students and professors. The TLC project staff also presented Suicide Awareness information in the following venues: Yes 2 Kids Conference, NASW Conference, TCSW Conference, Child Advocacy Days, the Tennessee Coalition for Mental Health and Substance Abuse Services (TCMHSAS) Day on the Hill and at Legislative Plaza for National Children's Mental Health Day.

Status: Ongoing
Documentation: Evaluation of the TLC Youth Suicide Prevention and Early Intervention Program (TDMHDD – Attachment 49); TLC Continuation Application for the Third Year (2007 to 2008) Report of the Progress of the Project; Implementation and Evaluation of TLC, a Statewide Gatekeeper Training Program; TLC Youth Suicide Prevention and Early Intervention Training
Reference Consent Decree: ¶ 71

Homeless Outreach Project

TDMHDD continues to provide outreach and case management for homeless families in community settings through the Homeless Outreach Project. The project assists parents in securing needed mental health services for children and links parents with other services needed to keep the family intact. The project has been reported in detail in previous Semiannual Reports.

The service is provided by six agencies: Centerstone, Frontier Health, Helen Ross McNabb, Fortwood, Pathways, and Midtown CMHAs, with dedicated outreach and case management teams that identify eligible homeless families with children through community shelters, food banks, and health centers. The project, designed to help reduce intergenerational homelessness, provides case management services to homeless families and their children while transitioning their care to the established mental health service delivery system.

Data for fiscal year 2007 will be available during the next SAR reporting period.

Status: Ongoing
Documentation: Data gleaned from the Annual Homeless Outreach Project Report: Updated data will be available in July 2007
Reference Consent Decree: ¶ 71

Regional Intervention Program

Regional Intervention Program (RIP) is an evidence-based, nationally recognized, parent implemented, early childhood intervention program for preschool children with severe behavior problems. The child does not need a formal diagnosis to enter the program. At least one parent (or other adult) and one child from each enrolled family are required to participate in the program a minimum of two times per week and continue based on the child and family needs. Supported by a small professional and paraprofessional staff, parents serve as primary teachers and therapists for their own children, as daily operators of the overall program, and as primary sources of assistance in an outcome-based management by objectives system. Program activities are organized within a system of modules that includes behavioral skills training, social skills training, and RIP preschool classrooms.

The RIP program network includes 14 programs in Tennessee. During this reporting period, the Memphis RIP program began operation March 2007.

The number of families and target children served by all RIP programs from July 1, 2006 – December 31, 2006 are:

- 289 Families
- 327 Target Children

Semiannual numbers from January 2007 to June 2007 will be available at the end of July 2007.

Status: Ongoing
Documentation: RIP Annual Report FY 2007 will be available for the next Semiannual Report
Reference Consent Decree: ¶ 71

Youth Transition Task Force

The Youth Transition Task Force (YTTF) is a collaboration among all child serving departments and community providers that have an interest in improving the transition of youth in various systems to the adult systems. The definition of "transitional youth" used by this task force is "those youth who, by virtue of maturation, policies, or law, are entering young adulthood and who by official or practical definitions are considered to have had a serious emotional disturbance or special needs." YTTF works with the knowledge that these youth are at high risk for homelessness, dropping out of school and criminal activity. It is also understood these risks are more prevalent for children in the foster care system. YTTF works to reduce the likelihood of this high risk group from entering the adult mental health system. The goal of YTTF is to identify the gaps in the system and the array of supports needed by these youths. These integrated supports should be developmentally appropriate, youth-focused, and culturally competent. Further, YTTF operates under the premise that system change and transformation should begin at the state level. For this reason, YTTF will seek the participation of each child serving department in developing and initiating a Memorandum of Understanding that acknowledges the importance of collaboratively promoting a seamless system for youth transitioning to adult status. Currently, YTTF is developing a vision statement and strategic plans and goals.

YTTF membership continues to increase as awareness and interest in youth transitional needs grow across the state. Due to the size of YTTF, a core group (functioning as the steering committee) will provide increased focus and direction for the full YTTF group. DCS has joined with YTTF as co-chair with TDMHDD.

YTTF will provide input into the Steering Committee of the Senate Joint Resolution 799 (SJR799) workgroup that is developing its final report for the Select Committee on Children and Youth (SCCY). The YTTF will work toward developing a model of a statewide integrated array of services for youth in transition across departments, providers, advocacy groups and other stakeholders. The results of this work will be presented to the SJR799 Steering Committee for use in preparing the final report.

At the invitation of the Tennessee Department of Labor and Workforce Development the YTTF core team members will attend the U.S. Department of Labor's "Shared Youth Visions Dialogue Meeting." YTTF was selected to attend to exemplify a cross departmental/organizational, community and consumer voice system of communication, coordination and collaboration in Tennessee.

Status: Ongoing
Documentation: Youth Transition Task Force January 4, 2007 Minutes; Youth Transition Task Force January 11, 2007 Minutes; Youth Transition Task Force March 8, 2007 Minutes
Reference Consent Decree: ¶ 71

Best Practice Guidelines for Children and Adults

Through a Memorandum of Understanding between TDMHDD and TennCare, TennCare is charged with the development, revision, and training of Best Practice Guidelines (BPGs) for mental health treatment of children and adults within the TennCare program. The purpose of the BPGs is to assist clinicians in their decision making regarding appropriate patient care. The BPGs are not intended to define or serve as a standard of medical care. The goal of the BPGs is to improve the quality of patient care.

TDMHDD BPGs are developed with the assistance of work groups consisting of multidisciplinary clinicians representing a variety of mental health agencies including the Centers of Excellence, TAMHO, TDMHDD, Regional Mental Health Institutes (RMHIs), and other public and private stakeholders.

The workgroups review available clinical evidence in conjunction with existing guidelines from the American Psychiatric Association, Center for Mental Health Services, National Institute of Mental Health, Substance Abuse and Mental Health Services Administration, and National Institutes of Health.

TDMHDD collected the final drafts for the children and youth BPGs which are being reviewed by the Department of Children Services Pharmacy & Therapeutic Committee and TDMHDD Division of Clinical Leadership. TDMHDD anticipates the children and youth BPGs to be completed summer 2007. In addition, TDMHDD is working to establish the workgroup that will be responsible for the adult BPGs. The target date for completion of the adult BPGs is winter 2007.

Status: Ongoing
Documentation: TDMHDD Child and Youth Best Practice Guidelines will be Available for the next SAR Reporting Period; TDMHDD Adult Best Practice Guidelines will be Available for the next SAR Reporting Period.
Reference Consent Decree: ¶ 71

Psychiatric Residential Treatment Facility Rules

TDMHDD previously reported the consideration of new rules regarding the use of isolation, mechanical restraint and physical holding restraint, however, due to new legislation regarding the definition of Qualified Mental Health Professional, the decision was made to retract the rules from the Office of Legal Counsel and make needed modifications prior to final promulgation.

Status: Ongoing
Reference Consent Decree: ¶ 71

Mental Health Outpatient Services Rules

TDMHDD held a rulemaking hearing on August 16, 2006, to receive questions and comments on the revised rules. The information presented during the hearing and comment period that followed was compiled for review and response by the TDMHDD rules committee. The rules have been modified and

expanded to address the requirements of clinical outpatient services, mental health case management, crisis services, and crisis respite services.

Status: Ongoing
Documentation: Mental Health Outpatient Licensure Rules Chapter 14
Reference Consent Decree: ¶ 71

Crisis Stabilization Units

In August 2006, TDMHDD issued an Announcement of Funding to establish and operate three crisis stabilization units (CSU) in the Middle Tennessee region. The units are to be located in or near the cities of Nashville, Cookeville, and Columbia, with services to the surrounding areas. The Nashville location CSU was awarded to the Mental Health Cooperative, Inc. and opened on April 12, 2007. The Cookeville location CSU was awarded to Volunteer Behavioral Health Care System and opened on April 30, 2007. Both units serve adults age 18 years and older. The service is available to all TennCare enrollees 18 years of age and older. TDMHDD funds services rendered by the CSUs to uninsured individuals. The Columbia location CSU was not awarded because an appropriate location was not found. A new announcement of funding went out to the Columbia location for crisis respite services with additional supports of transportation, medication evaluation/management and additional clinical services. Centerstone's proposal was reviewed and accepted to provide crisis respite services with additional supports to serve Maury and the surrounding counties. This service should be available by July 2007.

Status: Ongoing
Documentation: Crisis Respite Announcement of Funding March 2007, Establishment Scope of Services, and Operating Scope of Services
Reference Consent Decree: ¶ 71

Division of Alcohol and Drug Abuse Services

On February 23, 2007, Governor Bredesen signed Executive Order #44 transferring the Division of Alcohol and Drug Abuse Services (DADAS) to TDMHDD from the Department of Health. Tennessee is now the 27th state to administratively combine substance abuse and mental health programs and services into a single State department.

Integrating alcohol and drug abuse services within TDMHDD will benefit Tennesseans by ensuring that clinical services are coordinated, communication is improved, and incentives effectively aligned for populations in need for which there is tremendous overlap. The transfer will also facilitate the opportunity to expand access to evidence-based programs and treatment options that focus on the whole person.

Contracted Treatment Services include:

- Adolescent Day/Evening Treatment at eight providers (Frontier Health, Helen Ross McNabb, Volunteer, Centerstone, Lloyd Elan Mental Health Center, Carey Counseling, Pathways, and Quinco). These are designed to treat individuals, ages 13-18 years old with a primary or secondary

alcohol and/or drug diagnosis. The service is a structured treatment program which operates three or more hours per day (exclusive of school activities), a minimum of four days a week for after school/evening programs and five days a week for day programs, in order to provide an intensive community-based, multi-disciplinary, on-going treatment program designed to assist the client to: (1) modify problem behavior and (2) acquire the skills necessary to live as independently as possible and/or minimize his/her deterioration in the family or community setting.

- Adolescent Outpatient from two providers (Frontier Health and Memphis City Schools). Outpatient is designed to treat individuals, ages 13-18 years old with a primary or secondary alcohol and/or drug diagnosis. These outpatient services involve organized nonresidential services delivered in appropriately licensed facilities by designated addiction treatment personnel or addiction credentialed clinicians. Programs provide professionally directed evaluation, treatment and recovery services to addicted adolescents.
- Adolescent Residential Rehabilitation by five providers (CADAS, Helen Ross McNabb, Pathways, Memphis Recovery and Comprehensive Community Services). These services are designed to treat individuals, ages 13-18 years old with a primary or secondary alcohol and/or drug diagnosis. Residential includes provision of assessment, individual therapy, group therapy, family therapy or any combination of such counseling services. Adolescent residential services are designed to restore the severely dysfunctional alcohol and/or drug dependent person to levels of functioning appropriate to that individual. The service is provided in an appropriately licensed facility. An essential aspect of residential is the ongoing structured use of therapy to achieve the goal of rehabilitation.
- DADAS Adult (includes 18 – 20 year olds) Continuum of Care Services in accordance with the American Society of Addiction of Medicine, Patient Placement Criteria for the Treatment of Substance Related Disorders, Second Edition, Revised (ASAM PPC-2R) in appropriately licensed facilities. These services include: adult ambulatory care, residential medical detoxification, social setting detoxification and residential rehabilitation.

Status: Ongoing
Documentation: DADAS Adolescent Services; DADAS Adolescent Day Treatment; DADAS Adolescent Outpatient; DADAS Adolescent Residential; DADAS Adolescent Programs
Reference Consent Decree: ¶ 71

Department of Mental Retardation Services EPSDT/TENNderCare Diagnosis and Treatment

Children served by DMRS are diagnosed with mental retardation or are suspected of having a developmental disability. Children with mental retardation and/or developmental disabilities often have chronic and complex physical and behavioral health conditions that require ongoing treatment.

DMRS case managers, early intervention providers, and families are trained to recognize the importance of the pediatrician/primary care physician as the central figure in a child's health care and how to utilize information, recommendations and outcomes from EPSDT/TENNderCare screenings. Training includes the use of EPSDT/TENNderCare screening components in developing the HCBS Individual Support Plan (ISP) and the Individual Family Support Plan (IFSP) so that EPSDT/TENNderCare services can enhance development or ameliorate deficits. For children with complex issues, Regional Office Case Managers or early intervention providers are encouraged to assist families in securing case managers through the MCC or BHO system to assist the children and families in obtaining EPSDT/TENNderCare services.

This reporting period, the DMRS Central Office Chief Behavior Analyst and Early Intervention Director maintained contact with AdvoCare to plan for the addition of behavioral health services for children with mental retardation and autism through the Behavioral Health Organizations. AdvoCare was given copies of the DMRS Family Handbook so that their providers could be versed in making appropriate referrals for services for individuals who have Mental Retardation. The DMRS Central Office Chief Behavior Analyst serves on the statewide committee that is developing the protocol for the delivery of the behavioral health services through the BHO.

Status: Ongoing
Documentation: DMRS Behavior Services Provider List
Reference Consent Decree: ¶ 71(ii)

Part III Coordination
Paragraphs 78 - 83

Governor's Office of Children's Care
EPSDT/TENNderCare Coordination

Children's Care Coordination Steering Panel

The GOCCC Steering Panel was created in October 2005 with two main goals:

- Bring together key stakeholders to identify and address systemic issues in the provision of coordinated services to children; and
- Bridge the gap between science and public policy, utilizing national experts as appropriate, to improve the provision of EPSDT/TENNderCare services

These goals are met via didactic presentations, information sharing from participating departments/agencies, and when appropriate, through case-based discussions.

Since the last SAR, the Steering Panel has focused its facilitated discussions on the subjects of adolescent substance abuse treatment and identification of unique opportunities to increase EPSDT screenings.

- GOCCC, DCS, and the Tennessee Commission on Children and Youth (TCCY) met with staff of the Administrative Office of the Courts to enlist participation of the juvenile courts in efforts to utilize best practices in diagnosis and treatment of adolescent substance abuse.
- GOCCC is facilitating ongoing conversation and efforts among DCS, juvenile courts, TDMHDD, DOE, BHOs, advocacy groups to support: 1) utilization of evidence-based or best practices with regard to adolescent substance abuse; 2) education of juvenile court justices about adolescent substance abuse and treatment options.
- GOCCC, DCS, TCCY, and academic experts are scheduled to present "Legislative and Programmatic Initiatives to Improve Substance Abuse Treatment and Outcomes for Youth" at the Tennessee Juvenile Court Services Association (TJCSA) program in August, 2007.
- GOCCC is engaged with DOE to explore ways to utilize the Tennessee Secondary School Athletic Association (TSSAA) requirement for pre-participation sports physical to identify and screen children who have not had a complete 7 component EPSDT screen.
- GOCCC provided an opportunity for key stakeholders to review and discuss a variety of current efforts underway by the MCCs, the DBM and the DOH Community Outreach program to ensure that enrollees are the subject of outreach efforts and to identify common themes to build on in future initiatives. The four common themes that emerged were:
    - Incentives
    - Direct messaging
    - School-based services
    - Case management

Status: Ongoing
Documentation: Steering Panel Meeting Minutes, Agendas, Sign-in Sheets-February 1, 2007, April 5, 2007, June 7, 2007; Steering Panel Participant List
Reference Consent Decree: ¶ 71(iv); 78; 83

Evidenced-Based Treatment

The GOCCC has been instrumental in promoting the use of evidence-based treatments (EBT) to enhance the clinical competency of the provider network. Below are examples of this influence.

- Infant Mortality reduction: The GOCCC issues grants to providers, agencies and academic institutions to implement and evaluate evidence-based practices that have been demonstrated to improve outcomes. For example, Centering Pregnancy, Community Voice and home visitation programs.
- Legislation: The GOCCC participated in the support and development of legislation that requires DCS to move towards EBT for the juvenile justice population.
- Substance Abuse services policy analysis: The GOCCC worked with the commissioners of DCS and TDMHDD to use GOCCC grant (SAMHSA) resources to begin a policy analysis of substance abuse services to support the development of interdepartmental resources and coordination to improve the service delivery system.
- Substance Abuse services: The GOCCC is using the resources of its SAMHSA grant to provide training to the community in EBT for co-occurring disorders.
- Mental health services: The GOCCC has issued a grant to the COEs to train, implement and develop a sustainable infrastructure for EBTs to the provider community in the areas of child maltreatment and attachment disorders.
- SJR799: The GOCCC participates in the children's mental health study task force at the leadership and committee level to ensure that EBTs are part of the core consideration.

Status: Ongoing
Reference Consent Decree: ¶ 43; 78

Collaboration on Utilization of Technology in Service Delivery

GOCCC continues to explore ways in which technology is used to increase the efficiency of service delivery systems. Because electronic patient management/medical record systems and telehealth are two venues that have the capability to increase efficiency, GOCCC met during this reporting period with key stakeholders to investigate the status of EMR and telehealth in Tennessee. As a result of these meetings, GOCCC facilitated the development of tele-psychiatry activities in the SE region through the SE COE at three DCS offices. The SE COE is working with the DCS Regional Administrator to identify which offices to connect. Also as a result of this collaboration, the Community Health Network is funding connections/equipment to three Community Mental

Health Centers (CMHCs) also in the SE region (sites to be determined) to allow the SE COE to provide assessment and consultation to the CMHCs.

Status: Ongoing
Reference Consent Decree: ¶ 71(ii); 78

Infant Mortality

GOCCC was identified to lead the State in an intensive, structured, coordinated effort to decrease the number of premature or low birth weight births and reduce infant mortality and disparities in infant mortality in Tennessee. A major focus of the initiative is preconception health, to promote the health of women of reproductive age before conception and thereby improve pregnancy-related outcomes. The initiative targets TennCare eligible women, with the goal of improving the health of the infant once it is born. Many of the children of these women will be TennCare eligible. While the initiative targets maternal health, the goal of the initiative is to improve the health at birth of infants of Tennessee.

The comprehensive approach to achieving GOCCC goals to reduce infant mortality includes the following accomplished projects and ongoing efforts:

- The GOCCC continues to review regional and statewide data related to birth outcomes to identify target areas and to inform intervention development and implementation efforts.
- Continues to work closely with the Department of Health, to raise awareness of the infant mortality initiative and to develop partnerships with other agencies and institutions to improve birth outcomes across Tennessee.
- Provides support and oversight to Infant Mortality Core Leadership Groups, composed of the key stakeholders from the academic, service, advocacy, faith, and business communities, in Shelby, Davidson, and Hamilton Counties.
- Provides support, funding, and oversight to the Infant Mortality Coordinators of Hamilton, Davidson, and Shelby Counties, who focus on the infant mortality initiative on a full-time basis and coordinate activities at the local level in conjunction with the GOCCC.
- In close collaboration with the Department of Health, pursues the establishment of Fetal Infant Mortality Review (FIMR) teams.
- Issued a one-year grant to UT Health Science Center in Memphis for the Health Loop Clinics of Shelby County to update obstetric equipment to increase service capacity.
- Issued a five-year grant to UT Health Science Center in Memphis for the Health Loop Clinics of Shelby County to improve prenatal care service capacity and quality and implement an evidenced-based, group-care prenatal program called Centering Pregnancy. Centering Pregnancy has demonstrated to increase patient satisfaction of prenatal care, increase attendance at prenatal care appointments, and improve birth outcomes of participants.

- The GOCCC issued a four-year grant to University Community Health Services to provide clinical services in the areas of prenatal care and other obstetric and gynecological women's health services at the Vine Hill Clinic in Davidson County. This clinic serves a target population of low-income pregnant and parenting women with the goal to improve prenatal care and psychosocial programs that result in improved birth outcomes.
- The GOCCC issued a four-year grant to United Way of Tennessee to provide personnel to develop specific community-based opportunities to improve prenatal care and psychosocial programs to improve birth outcomes.
- The GOCCC issued a four-year grant to ETSU to implement an evidenced-based smoking-cessation program called the "5A Model" for 4200 women in Northeast Tennessee, where rates of smoking during pregnancy are near 40%. This model has been shown to improve smoking cessation rates by 30-70%. In addition, the grantee shall provide case management services to 2100 women enrolled in the program for the support of smoking cessation efforts, to increase prenatal care utilization and access to other needed services, and to support the reduction of life stressors including domestic violence and depression.

Status: Ongoing
Reference Consent Decree: ¶ 78

Departmental Liaisons Coordination

Designated liaisons from each child serving department work with GOCCC to assure coordination and collaboration from each department for children enrolled in TennCare. Effective communication between the department liaisons and key stakeholders works to strengthen interagency coordination. GOCCC works with the liaisons to identify areas for increased coordination and reporting. Topics of discussion that were recommended to the Children's Cabinet as possible opportunities to consider for improving EPSDT Outreach and Screenings this reporting period include:

- Interagency Agreements
- Marketing and Health Communications
- Delivery of School Based EPSDT/TENNderCare Services

Other topics of communication between departments included:

- TEIS Analysis and Reform
- TENNderCare Connection
- T-ACT Project
- Programmatic Process Response Matrix

Status: Ongoing
Documentation: EPSDT Liaison Meeting Agendas and Meeting Minutes, January 19, 2007, March 16, 2007, April 20, 2007
Reference Consent Decree: ¶78

Programmatic Process Response Matrix

As an additional management tool, GOCCC continues its development of the Programmatic Process Response Matrix to summarize all compliance activities and outcome data in a single document. The intent is to develop a tool that will increase the utilization of data, lead to enhanced data collection and increase process evaluation which, in turn should lead to better demonstrated outcomes as well as stronger evaluation and reporting components.

GOCCC contracted with consultants and is working with its contractor in developing the relational database for the Matrix. The database will be used to facilitate coordination of EPSDT services and programs. To ensure collaboration in its development, GOCCC, at its regular meetings with the Department Liaisons, provides information on the progress of this project.

The four proposed purposes for the database are to:

- Maintain the Consent Decree Grid and the Matrix;
- Support the development of written reports, in particular, the SAR and responses to court orders/queries;
- Support planning and evaluation by providing reports including historic trends for quantitative measures and reports on patterns related to qualitative measures; and
- Provide a central repository of summary data related to EPSDT where state agencies can access information via a Web interface.

As of June 30, 2007, the final specifications have been written for the database and testing and training is scheduled to begin in July and August 2007. GOCCC is actively recruiting an Epidemiologist to work with the child-serving departments and assist in further development of the Matrix.

Status: Ongoing
Documentation: Draft PPR SAR Matrix Project Functional Specifications Version 4.0, May 21, 2007
Reference Consent Decree: ¶ 78; 96

TEIS Analysis

The GOCCC was given responsibility for completing an analysis of Tennessee's Early Intervention System. The analysis had three components - services, administration, and financing - guided by a set of principles agreed to by diverse stakeholders. Objectives of the analysis were to:

- Describe the services and funding of service system components;
- Identify service gaps and obstacles to service delivery, and methods to overcome those issues; areas of unnecessary duplication of effort, including the administration of programs and services, with concomitant recommendations for organizational reform; the total amount available from all sources for services and program administration, and approaches to maximize the total;
- Assure sound business practices for objectivity and accountability; and

- Apply research findings that could help shape appropriate system reform.

GOCCC led analysis of the service system and administration components, involving community and multi-agency departmental key informants, consideration of relevant data, results of stakeholder questionnaires, other sources of information, and best practices. For the financial component, nationally recognized experts were engaged to perform studies tailored for Tennessee: a Cost, Revenue, and Time Study; Service Utilization Study; and Estimated Prevalence Study.

The principle recommendations resulting from the analysis were to:

- Streamline eligibility determination and strengthen Service Coordination in a new service model and to develop functional Individualized Family Service Plans built on routines based family assessments.
- Unify administration of Points of Entry, Tennessee Infant Parent Services and Early Intervention resources of the Division of Mental Retardation Services (DMRS) through reorganization of State and District level administration, aligned with the new service model.
- Define and provide a new program of state Early Intervention services for families whose children are not eligible for Part B services at age three years when TEIS services are no longer available and who await entry into Pre-K programs.
- Leverage federal Medicaid dollars for Developmental Therapy with a portion of current state appropriations; implement other fund expansion opportunities.

The analysis related to the provision of EPSDT services as TEIS promotes EPSDT and, through its new data system, tracks the provision of services, including related services, to TennCare eligible TEIS participants. The analysis was completed and recommendations were sent to the Commissioner on March 15, 2007.

Status: Complete
Documentation: Tennessee Early Intervention System, 2006 Analysis Report and Recommendations
http://tennessee.gov/education/speced/TEIS/doc/06TEISanalysis_rep_rec.pdf
Reference Consent Decree: ¶ 78

Policy Academy on Transforming Mental Health Care for Children and Families through Planning, Policy and Practice

The Director of GOCCC serves on the Core Leadership Taskforce of the Policy Academy. Presently the Policy Academy members are working with the SCCY on Senate Joint Resolution 799 (SJR799) to strengthen the mental health service delivery system to children.

Status: Ongoing
Documentation: Documentation for the Policy Academy held by TDMHDD
Reference Consent Decree: ¶ 78

Youth Transition Task Force

The Director of GOCCC serves on the Core Leadership Team of the Youth Transition Task Force. Currently, YTTF is developing a vision statement, strategic plans and goals.

Status: Ongoing
Documentation: Meeting Minutes and Attendance Rosters held by TDMHDD
Reference Consent Decree: ¶ 78

Tennessee – Adolescent Coordination of Treatment Project

The Tennessee Adolescent Coordination of Treatment (T-ACT) Project under the oversight of GOCCC continues to collaborate with other systems to build and sustain an infrastructure for improved coordination of adolescent substance use/abuse and co-occurring mental health services.

Interagency Collaboration efforts have included:

- Participation in focused discussions on issues related to adolescent substance abuse policy with the Children's Cabinet, Departmental Commissioners, and GOCCC Steering Panel.
- Partnerships with key adolescent care advocates and providers on a variety of initiatives (i.e., Juvenile Justice/Mental Health Workgroup Committee, Strategic Prevention Framework State Incentive Grant Advisory Council, TDMHDD Division of Special Populations, Administration on Children, Youth and Families Grant Steering Panel, Division of Alcohol and Drug Abuse Services Adolescent Advisory Committee, TennCare Partners Roundtable, Tennessee Transitional Youth Task Force, Tennessee Commission on Children and Youth; and the DCS Leveling Reform Leadership Committee).
- Coordination of a Tennessee member delegation of 15 individuals representing parents, advocacy agencies, service providers, community partners, stakeholders as well as various state agencies (DCS, DOH – Office of Minority Health, TDMHDD - Division of Alcohol and Drug Abuse Services, Bureau of TennCare) to attend the Substance Abuse and Mental Health Services Administration (SAMHSA) Joint Meeting on Adolescent Treatment Effectiveness (JMATE) held in Washington, D.C. April 25-27, 2007. The SAMHSA JMATE is the premier annual meeting that brings together a comprehensive, diverse group of experts in adolescent substance abuse to address issues and exchange information. http://www.mayatech.com/cti/jmate/index.cfm.
- Provision of technical assistance and consultation concerning family involvement in addressing adolescent substance abuse to Tennessee Voices for Children (TVC), a family support organization and other agency representatives.
- Alliances with state agencies to support conferences, including:
    - "Yes2Kids" Conference (Feb 26-27, 2007). T-ACT sponsored workshop presentations by national speakers on Substance Abuse & Mental Illness and Recovery Schools/Building Communities of Recovery Support for Tennessee Students.

- Tennessee Conference on Social Welfare (TCSW) Conference, April 3-5, 2007), T-ACT staff sponsored a workshop entitled:
  - Co-occurring Disorders: Involving families in the treatment of adolescents who have substance use/abuse and mental health needs, presented by the Executive Director of MOMSTELL.For information about this organization, please see: http://www.momstell.org/
- Joint Meeting on Adolescent Treatment Effectiveness Conference (JMATE) April 25 - 27, 2007. T-ACT Evaluation Consultant participated in a panel presentation, entitled:
  - Treatment Initiation and Engagement of Adolescents: Data from Public and Private Sectors. The session focused on two important and measurable aspects of access and quality as they relate to adolescents: Treatment initiation and engagement.
- T-ACT Evaluation Director continues to track information and research relevant to the T-ACT project as well as substance abuse treatment services and post updates to the T-ACT blog at http://t-act.blogspot.com.
- TDMHDD, DADAS, annual Tennessee Advanced School on Addictions (TASA) Summit (May 25-31, 2007). T-ACT sponsored workshops and training on evidenced-based practice models.

T-ACT implemented several initiatives to improve the service sector through the use of evidence-based treatment (EBT), having developed several grant contracts and sponsored workforce-development trainings:

- Awarded a grant contract to Students Taking a Right Stand (STARS) to pilot an integrated school-based student assistant program based on a program in Washington State called the True North Program. The pilot and feasibility study will be conducted in a minimum of two public Tennessee high schools.
- Provided training on the Global Appraisal of Individual Needs (GAIN) suite of instruments May 22-25, 2007, funded by a contract established with Chestnut Health Systems. Although scheduled specifically for the needs of the pilot study above, this training was provided free-of-charge to other interested stakeholders. http://www.chestnut.org/LI/gain/index.html#Summary%20Description
- Coordinated Brief Intervention Training Using Motivational Enhancement Therapy & Cognitive Behavioral Therapy 5 June 4-6, 2007. Although required for STARS pilot study participants, T-ACT also arranged a number of certification scholarships for interested training participants.. (http://www.chestnut.org/li/Bookstore/Blurbs/Manuals/CYT/CYT-v1-MET_CBT.html;http://ncadi.samhsa.gov/govpubs/bkd384/; http://www.chestnut.org/LI/cyt/index.html). http://ncadi.samhsa.gov/govpubs/bkd384/mettreat.aspx
- Sought consultation and development of a cultural competency plan for the T-ACT project by establishing a contract with Diversity Research Associates of Memphis, Tennessee.

Status: Ongoing
Documentation: T-ACT Project Advisory Board Meeting Agendas and Minutes-January 30, 2007 and May 2, 2007; T-ACT Departmental Liaison Meeting Agenda and Minutes-February 22, 2007; T-ACT SAC Policy Academy Meeting Agenda and Minutes-February 7, 2007; T-ACT Departmental Liaison and SAC Policy Academy Agendas and Minutes-March 29, 2007 and May 17, 2007; Yes2Kids Conference - GOCCC (T-ACT) Sponsored Workshops-February 26, 2007; Global Appraisal of Individual Needs (GAIN-I) Training Agenda-May 22-25, 2007; MET/CBT5 Workgroup Minutes May 17, 2007 and May 24, 2007; Agenda for Brief Intervention Training Using Motivational Enhancement Therapy & Cognitive Behavioral Therapy 5.
Reference Consent Decree: ¶78

Governor's EPSDT Workgroups

Enrollee Outreach Workgroup

Annual Outreach through Public Schools

In February 2007, the Enrollee Outreach Workgroup agreed for TennCare to complete another mass distribution of 1.6 million flyers to students who attend all public schools during the 2007-2008 school year. The Outreach Workgroup developed a new TENNderCare school-based flyer to be distributed to all children. It was also printed in 18 pt. Arial Bold font and translated into Spanish. This flyer includes information about TENNderCare checkup, also promotes immunizations and dental care to adolescents and children. Initially, the workgroup agreed the flyer should be distributed in May 2007. Because the final draft of the school-based flyer was not approved until April 2007, the workgroup agreed to wait until August 2007 for the flyer to be distributed to students.

Copies of the school-based flyer will be delivered to the principals of all the public schools in 2007. Principals will be required to distribute the flyers to the students in their respective schools. This school year the principals will not be required to sign attestation forms and return them to TennCare.

Status: Completed and Ongoing
Documentation: 2007 School-based Flyer, English and Spanish; Enrollee Outreach Workgroup Minutes and Agendas for February 14, 2007, March 14, 2007, April 11, 2007, and May 9, 2007; Teen Subcommittee Minutes and Agenda; Outreach Workgroup Planning Tool
Reference Consent Decree: ¶ 39(a), 78

TENNderCare Supplemental Outreach to Teens

The Teen subcommittee last met on March 28, 2007. During this meeting, members recommend changes to the Teen Brochure and school-based flyer, reviewed the "Health Rocks!" presentation for changes and voted for TennCare to order 120,000 of the "Up-to-date? Vaccinate!" free stickers from the American Academy of Family Physicians. These stickers will be distributed to the TENNderCare Community Outreach program based upon request.

The EPSDT Enrollee Outreach Workgroup continues to focus on TENNderCare outreach to teens because this age group consistently has lower EPSDT screening ratios reported in the CMS 416. A teen brochure was designed by TennCare in conjunction with Economic and Community Development (ECD) and approved by the Enrollee Outreach Workgroup, Teen Subcommittee, and TennCare. The brochure is scheduled to go to printing on June 16, 2007. When finalized in summer 2007, these brochures will be distributed to all child-serving departments to be disseminated to the most relevant programs which target teens that need to receive TENNderCare outreach. The Community Outreach staff will ensure these brochures are placed in all middle and high schools in areas where there are large populations of TennCare eligible families or schools where there are large populations of youth on free and reduced lunches. Once the brochure has been translated into Spanish, it will be posted on the TENNderCare Web site.

Status: Completed and Ongoing
Documentation: Enrollee Outreach Workgroup Minutes and Agendas for February 02, 2007, March 06, 2007. April 03, 2007, and May 1, 2007; Teen Subcommittee Minutes and Agenda; Outreach Workgroup Planning Tool
Reference Consent Decree: ¶ 39(a), 78

Dental Subcommittee

The first conference call of the Dental Outreach Subcommittee was held on January 17, 2007, and the second conference call was held on April 18, 2007. Members of this subcommittee include representatives from child serving departments and dental care providers or experts. This subcommittee will conduct quarterly conference calls and meet in-person on an ad hoc basis.

The Dental Outreach Subcommittee along with the other workgroups helped to ensure that Oral Health Matters information was included in the Teen brochure. Also, as suggested by the subcommittee, the school-based flyer includes information about the need for dental exams once every six months, along with contact information to Doral Dental.

An article was written at sixth grade level about how one finds a special needs dentist was submitted to the MCCs in January 31, 2007 to be published in one of their quarterly member newsletters in 2007. This same newsletter article was distributed to the Coordinated School Health staff on June 7, 2007. A separate article written at a much higher reading level with the same topic of finding a dentist for a special needs child was submitted on January 31, 2007 to Tennessee Chapter of the American Academy of Pediatricians (TNAAP) and Tennessee Academy of Family Physicians (TAFP) January 31, 2007 for publication in their newsletters.

Status: Completed
Documentation: Dental Outreach Subcommittee Agendas and Minutes
Reference Consent Decree: ¶ 39(a); 39(d); 78

Special Needs Subcommittee

One-hundred-fifty thousand copies of Children with Special Health Care Needs (CSHCN) flyer that was approved by the Special Needs Subcommittee were distributed through the Department of Education so that all students who attend State Special Schools or receive Special Education and Section 504 services were given copies of the flyer. Also, special needs children who received services through the following child serving departments and programs obtained copies of the flyer are as follows:

- Head Start
- State Special Schools
- TEIS
- CSS
- DMRS
- DMRS Family Support
- Family Voices
- Special clinics at Vanderbilt (NICU and PKU)
- Developmental Disabilities

Also in January 2007, an email "blast" was sent, along with the CSHCN flyer to the following on-line resources:

- Tennessee Voices for Children;
- Family Voices of Tennessee; and
- Tennessee Disability Pathfinder

In April 2007, due to the demand for the CSHCN flyers, the TENNderCare Coordinator ordered 25,000 more flyers to be distributed upon request by the departments and agencies mentioned above.

Status: Completed and Ongoing
Documentation: Outreach Workgroup Planning Tool
Reference Consent Decree: ¶ 39(a); 39(d); 78

Supplemental Outreach to Deaf and Hard of Hearing

On February 8, 2007, the newsletter article that was tailored to the deaf and hard of hearing population was given to the Regional Community Outreach Program Directors/Managers in the Knox and Madison County regions since there are State Special Schools in these regions who serve this population.

On February 22, 2007, the State TENNderCare Community Outreach Director sent a link to the Regional Community Outreach Program Directions/Managers that identifies organizations that are contracted and partially funded through the Department of Human Services to provide services to the deaf and hard of hearing population at the following URL: http://tennessee.gov/humanserv/rehab/tcdhh.pdf

These organizations are listed in the table below:

Organization	Location
Deaf Connect of the MidSouth, Inc.	Memphis
Communication Center for the Deaf and Hard of Hearing (CCDHH)	Johnson City
Knoxville Center for the Deaf (KCD)	Knoxville
League for the Deaf and Hard of Hearing (LDHH)	Nashville
Deaf and Hard of Hearing Services (JCIL, DHHS)	Jackson
Services for the Deaf and Hard of Hearing (SFDHH)	Chattanooga

Each of these organizations offers a wide range of services that may include:

- Interpreting Program
- Youth Program
- Employment
- Educational Activities
- Recreational Activities
- Classes and Workshops
- Advocacy
- Interpreting Services
- Clubs

During this reporting period, the Community Outreach staff has had the opportunity to conduct outreach through half of the organizations. Detailed results of the outreach are described below.

League for the Deaf and Hard of Hearing

On February 24, 2007, a meeting was held with the Nashville-Davidson Region (NDR) Community Outreach staff, Director of Mobile Pediatric Assessment Clinic (MPAC), State TENNderCare Community Outreach Director and staff with the League for the Deaf and Hard of Hearing to discuss TENNderCare outreach to children who participate in youth activities at the league. Participants agreed it would be a good idea for the MPAC staff to provide TENNderCare checkups at the league to children in the afternoon who attended the after-school program. The Director of Youth Services at the league distributed newsletters explaining the purpose of the TENNderCare checkups and 21 CSHCN flyers to the youth. Unfortunately, due to a lack of response from the youth's parents, the Director of MPAC decided it was not cost efficient to send her staff to the league. Instead on May 11, 2007, NDR TENNderCare Community Outreach staff went to an 80's party held for 25 youth in the after-school program to provide face-to-face contact, CSHCN flyers and incentives to motivate them to get TENNderCare checkups.

A newsletter article that was tailored to outreach to children who are deaf or hard of hearing was approved by the Enrollee Outreach Workgroup. This newsletter was published in the League for the Deaf and Hard of Hearing Spring 2007 Newsletter. A copy of the newsletter can be found at the following URL: http://www.leagueforthedeaf.com/documents/Spring2007Newsletter.pdf

Jackson Center for Independent Living

The TENNderCare staff partnered with Tennessee Voices for Children to provide an educational booth at the 2007 Children's Mental Health Week Celebration. The event took place at the Jackson Center for Independent Living on May 5, 2007 targeting children with special education needs and their parents. The Jackson Center for Independent Living serves child who are deaf or hard of hearing. Face-to-face contact was made with 44 participants of the event. The TENNderCare Community Outreach staff distributed brochures and spoke to parents about the importance of annual physical exams for their children. Coloring books, crayons, cups and sweatbands were also distributed.

Knoxville Center for the Deaf

On May 9, 2007, the Knoxville Community Outreach staff gave a representative with the Knoxville center for the deaf (KCD) 100 bags that included TENNderCare brochures, community resource cards, flyers with Doral Dental Special Needs Process, other educational materials and incentive items that were given to 100 KCD students ages 13 to 19 at the Spring Fling dance.

Status: Completed and Ongoing
Documentation: Outreach Workgroup Planning Tool
Reference Consent Decree: ¶ 39(a); 39(d); 78

Supplemental Outreach to State Special Schools
Tennessee School for the Blind

On April 17, 2007, the State Director of Community Outreach Program Director and Nashville-Davidson Region (NDR) Community Outreach staff met with the Superintendent of TSB and Nursing Supervisor to discuss TENNderCare Outreach during Tennessee School for the Blind (TSB) student registration on August 10, 2007 and August 12, 2007 for the 2007-2008 school year. The Superintendent was informed that the NDR Community Outreach Director was given the responsibility of coordinating all TENNderCare outreach activities at TSB with TennCare Select, Doral, AmeriChoice, Amerigroup and BHO representatives.

In March 2007, the DOH State Director of Community Outreach Program received from TennCare Select 180 member handbooks in New Roman 12 pt. font, ten member handbooks in Arial 18 pt. bold font and ten CDs for students who only read Braille. TSB Nursing Supervisor requested for the member handbooks to be distributed during student registration in August 2007.

The NDR Community Outreach staff attended the Spring Music Program at TSB on May 3, 2007 and delivered 180 CSHCN TENNderCare flyers to the school Superintendent for distribution to all TSB students and their parents this Spring. The flyers were printed in 18 pt. bold Arial font in order to accommodate the visually impaired.

Community Outreach staff returned to the TSB campus for the Student Awards Day ceremony on June 7, 2007 to provide 15 face-to-face contacts with family members and distributed CSHCN flyers.

The TSB Superintendent has invited the NDR Community Outreach staff to provide TENNderCare outreach on July 1, July 7, and July 15 to parents who bring their children to TSB for summer enrichment camp and preschool diagnostic activities.

West Tennessee School for the Deaf

On August 13, 2006, the Jackson-Madison County (JCM) Community Outreach staff conducted outreach at West Tennessee School for the Deaf (WTSD) student registration for the 2006-2007 school year where staff set up a booth and made face-to-face contact with 23 students and their parents. The JCM Community Outreach staff also plan to provide outreach to WTSD students and their parents on August 12, 2007 during student registration for the 2007-2008 school year.

In March 2007, the newsletter article was submitted to the superintendent of the West Tennessee School for the Deaf (WTSD) to be published in a quarterly newsletter. A link has been added on the TENNderCare placed a link to the TSD home page on the TennCare Web site located at the following URL:
http://tennessee.gov/tenncare/tenndercare/CSHCN/resources.html

Tennessee School for the Deaf

On June 1, 2007, a copy of the newsletter article was given to an appointed representative with the Tennessee School for the Deaf (TSD) who agreed to print the article in an upcoming TSD newsletter in 2007. Also, he agreed to have the Web master of the TSB Web site to place link in August 2007 to the TENNderCare Web site on the Deaf Resources page of the TSD Web site located at the following URL address:
http://tsdeaf.org/deaf/deaf.html

On June 1, 2007, TennCare reciprocated by placing a link to the TSD home page on the TennCare Web site located at the following URL:
http://tennessee.gov/tenncare/tenndercare/CSHCN/resources.html

A tentative meeting was scheduled in July 2007 to discuss the best approach for the Knox County Community Outreach staff, MCCs, and Doral Dental to provide TENNderCare outreach at student registration on August 13, 2007.

Status: Completed and Ongoing
Documentation: Outreach Workgroup Planning Tool; June 1, 2007 E-mail from 1:26 to 4:05 PM; Internet Links
Reference Consent Decree: ¶ 39(a); 39(d); 78

Standardized Print Material
Employer Packets/TENNderCare Community Partners Initiative

Most of the Community Outreach staff continued to utilize the Community/Employer Partner packets to develop partnerships with state, local, state, community, civic organizations and businesses. During this reporting period, 576 face-to-face contacts were made as the result of Community/Employer Partner Initiative activities (See Table 2: Pilot Program Community Outreach Activities and Table 3: Community Outreach Activities). In addition, a total of 679 Community/Employer Partner Packets were distributed to community partners and employers and a total of 549 paycheck inserts were distributed to employers through various community outreach activities. This data includes numbers from the Community Outreach and Pilot Project Community Outreach reports. Additional information about educational material distributed through the DOH Community Outreach program is included in the DOH EPSDT/TENNderCare Outreach section of this report.

Status: Completed and Ongoing
Documentation: Community Outreach 2007 1st Quarter Report; Community Outreach 2007 2nd Quarter Report
Reference Consent Decree: ¶ 39(a); 78

Newsletter Article

The newsletter article included in the Community/Employer Partners Initiative packets was updated. Originally, this article was developed for employers to include in their company's newsletter. However, the use of this newsletter article has been expanded to be published in newspapers and community partner's newsletters.

TennCare translated this newsletter article into Spanish for the Community Outreach staff so they could work with local Hispanic newspaper to publish the article.

Status: Completed and Ongoing
Documentation: Revised Newsletter Article, Spanish Newsletter Article
Reference Consent Decree: ¶ 39(a); 39(d)

Life Wellness Curriculum: Grades 9-12

The TENNderCare Coordinator worked with the Department of Education (DOE) to include, Learning Expectations: "The student will: 1.7 recognize the need for annual physical exams." under Standard 1.0 Disease Prevention and Control in the Life Wellness Curriculum for students in grades 9-12. This learning expectation can be found at the following URL: http://state.tn.us/education/ci/standards/pe/wellness_912.shtml

Status: Completed and Ongoing
Documentation: Internet link to Life Wellness Standard Number 1.0 Disease Prevention and Control
Reference Consent Decree: ¶ 39(a); 78

Drawing Registration Form

The Department of Health and Outreach Workgroup approved of a "Checkup and Get a Chance to Win!" drawing registration form developed for the Community Outreach staff to incentivize youth when they get a TENNderCare checkup. Prizes awarded through the drawings vary based upon the resources in each region.

Status: Completed and Ongoing
Documentation: "Checkup and Get a Chance to Win!" Drawing Registration Form; Outreach Workgroup Planning Tool
Reference Consent Decree: ¶ 39(a)

Provider Education and Participation Workgroup

The Provider Education and Participation Workgroup (PEP) workgroup is a sub-group of the Tennessee Chapter of the American Academy of Pediatrics (TNAAP) and TennCare Committee. This workgroup was formed to address issues and problems identified in the John B. Work Plan related to provider education and participation. The group is focused on network adequacy, appropriate delivery of EPSDT services and provider education and technical assistance.

The EPSDT Director for TNAAP serves as the chair of the workgroup and other members include a pediatrician, the Assistant Director of GOCCC, and the Director of BHO Contract Performance and the Assistant Director of Quality Oversight at TennCare. The group typically meets monthly.

PEP activities are outlined by category below.

Implementation of Provider Education on EPSDT

- TNAAP actively provides ongoing EPSDT and coding education and distribution of reference materials to primary care providers through office visits and trainings. These programs and resources are promoted to practices through numerous venues including exhibiting and presenting at professional conferences, promoting programs and resources through office visits, articles in professional newsletters, etc. (see the TNAAP section of this report for more information on office visits, trainings, and outreach and resource materials).
- TNAAP also offers a comprehensive, physician lead training program for primary care practices on how to implement use of formal developmental and behavioral screening tools and how to connect with referral resources in their communities. The program is entitled Screening Tools and Referral Training or “START”. (See the TNAAP section of this report for more information on trainings).
- PEP continued to carry out activities outlined in the corrective action plan (CAP) in response to TennCare’s EPSDT medical record review results.
- The PEP Workgroup and TennCare provide ongoing review of TNAAP’s EPSDT-related educational programs and resources (see the TNAAP

section of this report for more information on recent updates to educational materials).

Status: Complete and Ongoing
Documentation: Summary of TNAAP EPSDT and Coding Office Visits; Summary of TNAAP START Trainings; Meeting Minutes from PEP and TNAAP/TennCare Meetings; MRR Corrective Action Plan; PCP letter; and TNAAP Educational Resource Materials Submitted Previously.
Reference Consent Decree: ¶ 43

Enhance Communication between Providers and Child-Serving Agencies

- TNAAP and TennCare meet regularly (once or twice per quarter). These meetings include representatives from numerous state agencies and provide a valuable forum for information sharing
- The PEP Workgroup meets monthly
- PEP Workgroup Chair participates in the meetings of the Policy Academy created by TDMHDD
- PEP Workgroup Chair participates in monthly meetings of the GOCCC Steering Panel, monthly meetings of EPSDT Workgroup chairs and various other workgroups.
- TEIS representatives participate in each TNAAP START training

Status: Complete and Ongoing
Documentation: Meeting minutes of TNAAP/TennCare Committee, PEP Workgroup and GOCCC Steering Panel
Reference Consent Decree: ¶ 43; 78

Identify Opportunities to Improve Access to Services

See references to TNAAP EPSDT and Coding educational programs and START trainings above.

- TNAAP Board member participates in a pilot project with Centerstone in which Counselor is placed in large TennCare practice to improve access to counseling services
- TNAAP is in dialogue with the Tennessee Association of Mental Health Organization (TAMHO) to discuss opportunities for collaboration on improving access to behavioral health services for children

Status: Complete and Ongoing
Documentation: Meeting Minutes of TNAAP/TennCare Committee and PEP Workgroup
Reference Consent Decree: ¶ 43; 78

Provide Access to Pediatric Expertise to Maintain EPSDT Quality Standards

- TNAAP representatives serve as resource on numerous pediatric issues through various venues including TNAAP/TennCare meetings, PEP

meetings, TennCare Advisory Boards, Pharmacy Committees and other meetings/committees as appropriate
- TNAAP representatives participate in the EPSDT Steering Guidelines Committee each time the committee convenes.

Status: Complete and Ongoing
Documentation: Meeting Minutes of TNAAP/TennCare Committee and PEP Workgroup.
Reference Consent Decree: ¶ 43; 44; 78

Enhance Provider Participation

Ongoing identification of barriers to participation – discussions about provider concerns on topics including:
- Access to specialty providers
- Access to behavioral health services
- Communication with DCS
- Multiple managed care procedures
- Historical financial instability of MCCs (particularly in Middle Tennessee)

Status: Complete and Ongoing
Documentation: Meeting Minutes of TNAAP/TennCare Committee and PEP Workgroup.
Reference Consent Decree: ¶ 43

Coordination with EPSDT Diagnosis and Treatment Workgroup in Evaluating Network Adequacy

PEP provided feedback to TennCare on primary care network adequacy requirements and requested additional information to further evaluate.

Status: Ongoing
Documentation: Minutes of PEP Workgroup
Reference Consent Decree: ¶ 43

Diagnosis & Treatment Workgroup

The Diagnosis and Treatment Workgroup conducted its last meeting December 2006. Recommendations from this workgroup were submitted to GOCCC and are under review.

Status: Completed
Reference Consent Decree: ¶ 43; 54; 78

TennCare EPSDT/TENNderCare Coordination

TENNderCare Connection

The TennCare Bureau has worked with the Department of Education (DOE), the Governor's Office of Children's Care Coordination (GOCCC), and the Managed Care Corporations (MCCs) to ensure the coordination of care and the delivery of medically necessary services as identified in the Individualized Education Program for school age children. A process has been developed which outlines the responsibility of all parties when coordinating the services. For ease in program identification, the name TENNderCare Connection was assigned. GOCCC staff made a brief introduction of the program at the Special Education Director's Conference in February 2007. At that same conference, TennCare staffed an exhibit for distribution of TENNderCare Connection information packets and answered questions regarding the program for conference attendees.

In May 2007, the TennCare Bureau staff made a TENNderCare Connection presentation to the Project TEACH staff. This Department of Health program coordinates medically necessary school-based services between the schools and the MCCs.

To ensure long term access, the TENNderCare Connection materials have been posted on the TENNderCare Web site. These include the TENNderCare Connection Process, TENNderCare Connection Flyer, Release of Information, sample letter to the MCO, TENNderCare Connection Coordinators Contact List, and Letter from the TennCare Bureau Chief Medical Officer. The TENNderCare Connection Coordinators Contact List is updated as new information is made available.

Status: Ongoing
Documentation: TENNderCare Connection Contact List; TENNderCare Connection MCO Flyer; TENNderCare Connection Process; TENNderCare Connection Release of Information;
http://state.tn.us/tenncare/tenndercare/connection.html
Reference Consent Decree: ¶ 78; 81

Department of Education
EPSDT/TENNderCare Coordination

Although not providing specific information on the provision of EPSDT services by contracted providers, this section reports activities that assist the State in meeting EPSDT goals.

TEIS Screening Coordination

TEIS receives notification and referrals for potentially eligible children from a variety of referral sources. Upon initial notification to the TEIS offices of a potentially Part C eligible child, TEIS personnel administer, obtain result of (if already conducted), or assist families in obtaining developmental screenings in accordance with IDEA. The purpose of this screening effort is to ascertain whether further evaluation procedures are necessary to determine eligibility for TEIS services. As part of this process, all families are provided copies of the EPSDT periodicity schedule. If a child is determined to be eligible for TEIS services, TEIS Service Coordinators provide ongoing information and advice to families regarding the availability of and the need for further diagnostic and treatment services.

Status: Complete and Ongoing
Documentation: Tennessee Early Intervention System Quantitative Data Report (Data will not be available until next reporting period)
Reference Consent Decree: ¶ 78

TEIS Newborn Hearing Collaboration

TEIS District Offices provide follow-up to assist families who are identified as needing further screening or evaluation procedures based on newborn hearing screening. The DOH Newborn Hearing Screening Program (NBHS) notifies the family, the family's PCP and the district TEIS district offices of all infants who do not pass the newborn hearing screen before leaving the hospital. These notifications are sent via letters issued to each respective party by NBHS. TEIS personnel then contact families by phone as part of their Child Find efforts to encourage families to pursue further testing to verify their infant's hearing status. Families are provided information regarding the importance of additional follow-up and contact information for local resources for further testing. The Tennessee Infant Parent Services (TIPS) program also assists with screening activities and services for children with hearing and vision impairments. TEIS is the central point of entry and coordination arm of DOE for Part C, while TIPS is the home and community based direct instruction arm of the DOE. Eligibility standards for these programs are the same. Families of children who are found to have impairments or delays and are also eligible for EPSDT/TENNderCare services are assisted in coordinating further diagnostic and treatment services with appropriate health care providers by their TEIS Service Coordinator.

Status: Complete and Ongoing
Documentation: Tennessee Early Intervention System Quantitative Data System (Data will not be available until next reporting period)
Reference Consent Decree: ¶ 78

Tennessee State Special Schools

A majority of children enrolled in the State Special Schools (Tennessee School for the Blind (TSB); Tennessee School for the Deaf – Knoxville (TSD), and West Tennessee School for the Deaf – Jackson (WTSD)] are TennCare eligible. Information regarding accessing EPSDT services is made available to families. Personnel employed by the State Special Schools are knowledgeable about and provide support, as needed, to families in accessing the appeals process through the 1-800 number provided by the TennCare Bureau.

Status: Complete and Ongoing
Documentation: Tennessee Special Schools Policy
Reference Consent Decree: ¶ 78

School Based Health Services

This reporting period, DOE worked with the DOH, TennCare, and the GOCCC in finalizing the process to be used for the provision of medically related services in an educational setting. This process was introduced at the Special Education Director's Conference February 2007. Packets of information were available for all Special Education Directors at a booth staffed by TennCare and GOCCC staff that were also available to answer individual questions. The information in the packets is available on the TENNderCare Web site at: http://state.tn.us/tenncare/tenndercare/connection.html

Status: Ongoing
Documentation: http://state.tn.us/tenncare/tenndercare/connection.html
Reference Consent Decree: ¶ 78

Department of Education John B. Steering Panel

The Department of Education John B. Liaisons made communications in June 2007 to the Department Steering Panel with two main goals:

- Bring together key department information to identify and address systemic issues in the provision of coordinated services to children; and
- Identify Department Plan for Data Gathering and Semiannual Report Submission.

Status: Complete and Ongoing
Documentation: Department of Education, John B. Steering Panel Communications
Reference Consent Decree: ¶ 78

Head Start EPSDT/TENNderCare Coordination

Head Start/Early Head Start EPSDT/TENNderCare Coordination for Children

The following section regarding Head Start EPSDT/TENNderCare Coordination, although not providing information on the provision of EPSDT services by contracted providers, reports activities that assist the State in meeting EPSDT goals of coordination.

The Tennessee Oral Health Forum, sponsored by the Tennessee Head Start Collaboration Office and the Tennessee Head Start Association was held on May 17, 2007 at the Nashville Convention Center in conjunction with the Tennessee Dental Association. More than 75 professionals including dentists, Head Start health coordinators, state dental program directors, TennCare officials and state departmental officials attended the Forum. The goals of this collaboration included providing information to participants on:

- National Head Start Oral Health Standards;
- DOH Oral Health Resources; and
- TennCare Oral Health and EPSDT services.

Each participant received a packet that contained information on timely oral health issues. Participants broke into small groups and discussed current issues including *Accessibility, Prevention* and *Parent/Family Involvement.*

Status: Completed
Documentation: Tennessee Head Start Oral Health Forum Registration Form 2007
Reference Consent Decree: ¶ 39(a); 78

Department of Mental Health/Developmental Disabilities EPSDT/TENNderCare Coordination

TDMHDD Interagency Meeting

TDMHDD Office of Managed Care (OMC) continues to hold interagency workgroup meetings with representatives from TDMHDD, DCS, TennCare, and the BHOs to coordinate issues related to children in custody and in need of behavioral health services.

Discussions during this reporting period included developing a plan to train juvenile judges across the state about the process for accessing services. This would be a collaborative effort between DCS and the BHOs. Other topics were updates on Psychiatric Residential Treatment Facilities (PRTF) rulemaking, BHOs provider network updates, and Best Practice DCS audit reports. During this period special work sessions were held to review coordination between BHOs, DCS crisis management staff and TDMHDD to review communication processes for accessing care.

Status: Ongoing
Documentation: Interagency Meeting and Agenda, January 2007
Reference Consent Decree: ¶ 78

Department of Children Services Committee/Taskforce Meetings

TDMHDD staff participated in various committee/taskforce meetings led by DCS.

- Children's Mental Health Issues meets monthly to discuss children mental health issues and barriers to services.
- Transition Kids meets monthly to review process around transitioning adolescents into the adult mental health system.

Status: Ongoing
Documentation: Minutes and Rosters held by DCS
Reference Consent Decree: ¶ 78

Recovery and Resilience Symposium

The TDMHDD Division of Recovery Services and Planning (DRSP) coordinated educational seminars in four of the five RMHIs on the subject of recovery. The training at the Middle Tennessee Mental Health Institute (MTMHI) has not been scheduled yet. The lead trainer for the seminars was the Deputy Director for the Training for the Mental Health Empowerment Project, an expert on the subject of recovery for mental health consumers. He also presented the keynote address at the symposium in November 2006. At the educational seminars, he presented an overview and introduction for staff on the principles and philosophy of recovery. The seminars also highlighted mental health consumers shared stories of their recovery. At Moccasin Bend and Lakeshore Mental Health Institutes, the seminars included presentations from staff of Peninsula Hospital in Knoxville regarding their implementation of recovery principles on their inpatient unit.

TDMHDD conducted a strategic planning meeting on June 11, 2007 to develop next steps toward transforming the public mental health system into one that is most conducive to consumer recovery. Participants included representatives from the National Alliance for the Mentally Ill of Tennessee (NAMI), Tennessee Mental Health Consumers Association, Tennessee Association of Mental Health Organizations (TAMHO), representatives from the three Managed Care/Behavioral Health Organizations (Magellan Health Services, Amerigroup, and AmeriChoice), and representatives from TDMHDD. Outcomes of the meeting were as follows:

- Agencies and organizations provided an overview of what their agencies are doing to further the recovery vision;
- Agreement was reached that it was important to meet on a regular basis for coordination and open communication among the agencies in their mutual efforts;

- A follow-up meeting was tentatively planned for August 2007 (the date has not been determined yet) to continue discussions on ways in which the organizations can enhance their coordination to further the recovery vision in Tennessee.

Status: Completed and Ongoing
Documentation: Presentation, Making Recovery Work; Strategic Planning Meeting June 11, 2007 Minutes; LMHI April 25, 2007 Agenda; MBMHI April 26, 2007 Agenda
Reference Consent Decree: ¶ 78

Adolescent Advisory Committee

The TDMHDD/DADAS Adolescent Advisory Committee was established as an initiative of the BADAS in 2000 to bring constructive, innovative, positive, and diverse ideas to the planning, implementing, and coordinating of publicly funded addiction treatment and recovery support services for adolescents in Tennessee.

Membership includes all DADAS contracted providers of adolescent treatment services and various other government agencies and community organizations whose focus is serving adolescents. Meetings are held quarterly or more frequently as needed and include representatives from:

- Vanderbilt University/Peabody College, Nashville, Tennessee
- TCCY
- Centerstone CMHCs Inc., Estill Springs, Tennessee
- Quince MHC, Jackson, Tennessee
- Florence Crittendon Agency, Knoxville, Tennessee
- Comprehensive Community Services, Johnson City, Tennessee
- Pathways, Jackson, Tennessee
- Volunteer Behavioral Health, Cookeville, Tennessee
- Carey Counseling Center, Paris, Tennessee
- TDMHDD
- Memphis City Schools MHC, Memphis, Tennessee
- DCS
- Elam MHC, Nashville, Tennessee
- Administrative Offices of the Court
- CADAS, Chattanooga, Tennessee
- Memphis Recovery Center, Memphis, Tennessee
- Helen Ross McNabb Center, Knoxville, Tennessee
- Frontier Behavioral Health, Johnson City, Tennessee
- Foundations, Inc., Nashville, Tennessee
- GOCCC

Status: Ongoing
Documentation: Adolescent Advisory Committee Agenda and Meeting Minutes May 9, 2007; Adolescent Advisory Committee Members
Reference Consent Decree: ¶ 78

Tennessee Adolescent Coordination of Treatment

DADAS also partners with the GOCCC. Through a federal grant, the GOCCC has oversight for the Tennessee Adolescent Coordination of Treatment (T-ACT) project. The goal of this project is to improve access to substance use services and outcomes for youth and their families.

Status: Ongoing
Documentation: Minutes and Roster held by GOCCC
Reference Consent Decree: ¶ 78

Division of Mental Retardation Services EPSDT/TENNderCare Coordination

The 762 children enrolled in the Home and Community Based Services (HCBS) wavier and 1796 children who have received early intervention services this reporting period have a degree of disability that requires intense medical and behavioral health management. This degree of disability requires close communication among DMRS case managers, independent support coordinators, early intervention providers, primary care providers and specialty providers as well as the coordination of services.

The DMRS Early Intervention Director is a member of the EPSDT Enrollee Outreach Workgroup and the Children with Special Needs Sub-Committee. As a member of the Special Needs Sub-Committee, the DMRS Early Intervention Director served an integral role in the development of a flyer directed at families of children with special needs. The flyer was distributed with a letter from the Deputy Commissioner to families whose children are on the waiting list for DMRS services.

A procedure has been developed for timely transition of youth with mental retardation who are leaving DCS custody due to age and entering DMRS services. Case Managers and independent support coordinators are trained to access TennCare and EPSDT/TENNderCare services for young adults leaving DCS custody. This reporting period, 12 children have transitioned to DMRS services from DCS custody for a total of 92 children admitted to the HCBS waiver since January 2006.

DMRS continues to study the needs of children with mental retardation and their families to determine long-term care needs that are supplemental to the services offered through EPSDT/TENNderCare. DMRS will coordinate the study and will include EPSDT program managers as well as the long-term care division of TennCare. DMRS is currently performing an analysis of the waiting list to better determine the needs of the children who seek enrollment in the Medicaid HCBS Wavier.

The DMRS Deputy Commissioner represents DMRS on the Children's Cabinet and the TEIS Analysis Leadership Team. The Director of Early Intervention Services represents DMRS on various TEIS committees to assure that all early

intervention providers are helping families access services listed on their child's IFSP.

The Director of Early Intervention Services informs DMRS staff through regular contacts with the DMRS Central Office, visits to the Regional Offices, and communicates all relevant changes in the EPSDT program to the appropriate staff.

Status: Ongoing
Documentation: Special Needs Flyer; DMRS Deputy Commissioner Letter
Reference Consent Decree: ¶ 78

IV: Coordination and Delivery of Services To Children in State Custody Paragraphs 84 – 93

Department of Children's Services Coordination and Delivery of Services to Children in State Custody

Quality Services Review

As reported in earlier Semiannual Reports, DCS collaborates with the Children's Program Outcome Review Team (CPORT) of the Tennessee Commission on Children and Youth to conduct an annual Tennessee Quality Services Review (TNQSR) that measures children's health and well-being including EPSDT screening completion and follow up. Case review and other findings are used by local agency leaders and practice managers in stimulating and supporting efforts to improve services for children and youth who are beneficiaries of the local community's system of care that provides child welfare, mental health, and other services. The Quality Services Review Protocol used by DCS is available online at: http://state.tn.us/youth/dcsguide.htm.

The Quality Services Review for the 2006-2007 year has been completed, with on-site reviews having been completed for all 12 of the DCS regions (one region, Shelby, was reviewed twice). Results have been finalized for ten of those 13 reviews. Finalized results are indicated in the chart below.

The Physical Health indicator reports on the overall status of the child; EPSDT is a component of the Physical Health indicator, but is not the sole Physical Health indicator.

The Emotional/Behavioral Well Being indicator is also an indicator of the overall status of the child, and it is not based solely on specific receipt of behavioral or mental health services. All the factors considered in scoring these two indicators are listed in the QSR Protocol, pages 14-17, available online at: http://state.tn.us/youth/dcsguide.htm.

Qualitative Services Review: Health and Emotional Well Begin results
Cumulative Percent Acceptables 2006-2007 Review Year

Region	Health *(x cases acceptable of y cases scored)*	Emotional/Behavioral *(x cases acceptable of y cases scored)*
Davidson	17/20 = 85.0%	11/19 = 57.9%
Mid Cumberland	21/21 = 100%	13/19 = 68.4%
Hamilton	16/17 = 94.1%	10/16 = 62.5%
Knox	16/17 = 94.1%	14/16 = 87.5%
East	17/17 = 100%	15/16 = 93.7%
Shelby (*Dec.2007 Targeted)*	7/7 = 100%	6/7 = 85.7%
Northwest	14/16 = 87.5%	11/15 = 73.3%
SouthWest	20/21 = 95.2%	11/19 = 57.9%
Upper Cumberland	15/16 = 93.8%	13/15 = 86.7%
Northeast	16/17 = 94.1%	9/15 = 60.0%
Southeast	19/19 = 100.00%	10/18 = 55.6%
Shelby (Full May 2007)	21/23 = 91.3%	13/21 = 61.9%
Statewide Acceptable %	Cumulative % Acceptable: 199/211 = 94.3%	Cumulative % Acceptable: 136/196 = 69.4%

Status: Completed
Documentation: QSR Averages Chart
Reference Consent Decree: ¶ 84(ii); 88; 96

DCS CQI Internal EPSDT Monitoring

DCS regions monitor case files by using an internal Continuous Quality Improvement (CQI) process. Each month, team leaders complete reviews of the cases they supervise by completing a case process review tool. The case manager and supervisor work to resolve deficiencies. Critical measures regarding EPSDT screening appointment and coordination of follow-up services are audited in the case file review.

Questions for the medical section of the review for 2006 were as follows:

Mental health assessment as indicated?
Psychiatric/psychological evaluation(s) indicated as needed?
For children age 2 and older, a current EPSDT no more than 12 months old?
For children under 2, a current EPSDT according to the periodicity schedule as provided by the Health Unit nurse?
Documentation that each of the 7 EPSDT components was addressed?
A Permanency Plan that includes the date of the EPSDT and the PCP name and address?
An Informed Consent for Psychotropic Medication form (CS0627) for each of the psychotropic medications that the child is taking, signed by the child's parent(s)?
An Informed Consent for Psychotropic Medication form (CS0627) for each of the psychotropic medications that the child is taking, signed by the child (for children 16 and older)?
An Informed Consent for Psychotropic Medication form (CS0627) for each of the psychotropic medications that the child is taking, signed by the Health Unit nurse if the child is under 16 and the parent(s) cannot be located?
The Informed Consent to Routine Health Services for Minors form (CS0206)?
The Initial Health Questionnaire form (CS0543)?
Were all identified services completed within 30 days of the date identified?

	Medical			
	Q1	**Q2**	**Q3**	**Q4**
Statewide	96%	94%	96%	96%
Davidson	93%	91%	88%	92%
East	94%	91%	95%	96%
Hamilton	81%	91%	94%	90%
Knox	97%	98%	97%	95%
MC	95%	96%	97%	96%
Northeast	97%	98%	97%	97%
Northwest	99%	97%	98%	99%
Shelby	97%	96%	98%	96%
SC	94%	94%	97%	97%
Southeast	100%	98%	97%	97%
Southwest	97%	76%	97%	98%
UC	96%	97%	95%	95%

2006 results of the medical section indicated that 83 % of the regions achieved ratings of 95% or above and 33% of the regions improved their ratings by 1-2 percentage points from the 3rd to the 4th quarter.

During the latter part of the year the case process review was modified to include additional targeted questions at the request of the Well Being Division. These were added for the 4th quarter of 2006 in order to capture information regarding identified and follow up services.

CASE PROCESS REVIEW: ADDITIONAL QUESTIONS FOR 4TH QUARTER 2006	
If no, Were appointments made for all identified services?	81%
Does the file contain an EPSDT screening results letter from the Health Department?	87%
For each service designated as "complete" in SAT, is there a copy of the Health Services Confirmation and Follow Up Notification form?	85%

Status: Completed
Documentation: Case Process Review Averages Chart
Reference Consent Decree: ¶ 54; 67; 84(ii); 96

Coordination with State Agencies and MCCs Providing Services to Children

DCS regularly interacts with state agencies and Managed Care Companies serving children in and at risk of custody. Indicated below are key coordination meetings that have been held since the last reporting period.

- *Children's Mental Health:* Since December 2006, DCS has been meeting once a month with representatives of the COEs, TDMHDD, the BHO, and TAMHO (Tennessee Association of Mental Health Organizations) to discuss treatment models that serve the needs of children in DCS care and promote permanency. Pilot project sites have been identified. Meetings were held on December 11, 2006; January 22, 2007; February 12, 2007; March 12, 2007; April 9, 2007 and May 14, 2007.
- *Transition, MR services:* DCS and DMRS met on February 20, 2007 to discuss the transition process to adult MR services from DCS. Bi- weekly case conference calls are held with DCS and DMRS to review child specific transitions.
- *Transition, MH services:* DCS meets with TDMHDD and the BHO on transition to adult mental health services. The workgroup has developed steps for transition, including assignment of an adult mental health case manager 90 days before a youth's transition from DCS care at the age of 18. Meetings were held on March 8, 2007; April 12, 2007; May 7, 2007 and June 4, 2007.
- DCS, TDMHDD, and GOCCC met with TAMHO on May 10, 2007 regarding DCS youth transition to adult mental health services.
- *MCC Coordination of Care*: DCS meets with TennCare Select, Magellan, TDMHDD, and TennCare on a regular basis to review systemic issues related to coordinating care for children in custody. As a result of the meetings, the immediate eligibility process has been updated to include eligibility for BHO services Meetings were held on March 7, 2007, April 13, 2007 and May 30, 2007.

- DCS, TDMHDD, TennCare and the BHO meet to discuss regulations, best practice revisions, and provider network issues. Meetings were held on January 5, 2007 and April 13, 2007.

Status: Completed
Documentation: Electronic Calendar and Notice of Meetings, Minutes, Agendas; (GOCCC Steering Panel minutes and agendas held by GOCCC)
Reference Consent Decree: ¶ 71(iii); 78

Statewide Interagency Meetings

- This reporting period DCS participated in all of the GOCCC Steering Panel meetings. February 1, 2007; April 5, 2007 and June 7, 2007.
- Outcomes:
  An overview of A & D services for youth in and at risk of custody was held at the April 5 2007 meeting; an outcome is that DCS has worked with A & D providers regarding vouchers for adult services that will be provided to parents of children in custody in targeted DCS regions where needs are identified.

Status: Completed
Documentation: Agenda and Attendance of Meetings, Electronic Notice of Meetings
Reference Consent Decree: ¶ 71(iii); 78

Well Being Division Interface with Regional Management

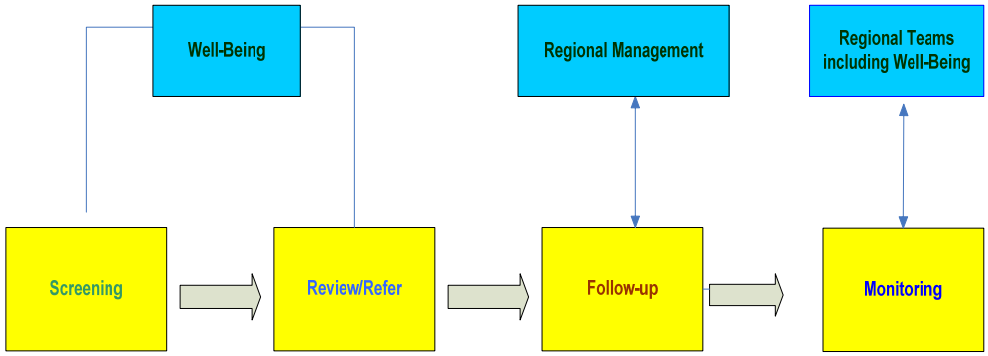
During the first quarter of 2007, DCS modified its previous "Health Advocacy" units to include additional consulting staff related to Child Health and Well Being. The Well Being units will provide identification of services, and consultation on accessing those services.

The composition of the Well Being units for each of the 12 DCS regions includes:

- Health Advocacy Representative
- Services and Appeals Tracking Coordinator
- Nurse
- Psychologist
- Educational Specialist
- Master's Level Social Worker
- Interdependent Living Specialist

The recommendations of well being representatives are included in Child and Family Team Meetings. Additionally, recommendations for services and follow up services will be tracked in the TNKids database, and reports will provide detail on identified, not yet completed health services. Under the model of the Well Being Interface, regional management will be responsible for working with case managers to ensure services are completed. Regional staff is encouraged to consult with well being units on access concerns for any health service.

Well Being Division interface with Regional Management



Vision: To ensure that all children in the care of DCS and their families have appropriate access to all needed services to promote quality of life and achieve permanency.

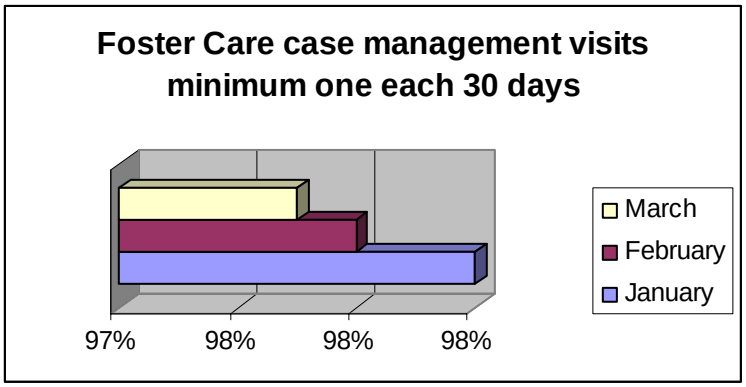
Method: To provide consultative supports in the area of health, education and transition to adulthood for DCS staff, resource parents and community stakeholders in order to improve services for children and their families.

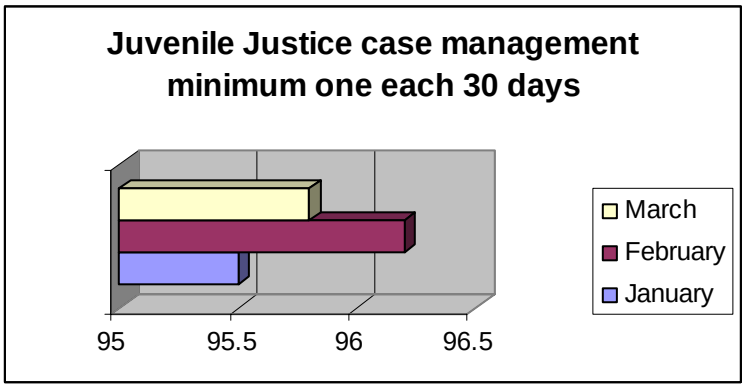
Goal: To support the achievement of permanency for children in the care of DCS.

Status: Completed
Documentation: Well Being Interface Chart; Meeting Notices
Reference Consent Decree: ¶ 54; 94; 95.

Case Management for Children in Custody

DCS provides targeted case management for children in custody. DCS monitors the documentation of case worker-to-child visitation in its child welfare tracking system through monthly and quarterly management reports. The data for the 1st quarter of 2007 shows that over 95% of children are receiving face-to-face visits every 30 days.





- Data represents case management face-to-face visitation of case manager to child counted one time each month.
- Aggregated from TNKids DCS child tracking each quarterly period.
- Documentation entered in TNKids after quarterly summaries will result in changes to percentages of children seen.

Status: Completed
Documentation: Face-to-Face reports
Reference Consent Decree: ¶ 67

DCS Provider Network

As reported in previous reports, DCS has taken steps to begin restructuring the child placement process with a focus on minimizing trauma and promoting placement stability through the use of initial and ongoing assessments, improving the process of how placements occur, continually accessing the sufficiency of services available in the provider network, and measuring the outcomes of children served by contract agencies.

Updates on specific initiatives described in prior Semiannual Reports to improve the DCS provider network and placement process are as follows:

Child and Adolescent Needs and Strengths

In collaboration with a nationally recognized expert, DCS developed an assessment tool derived from the Child and Adolescent Needs and Strengths (CANS) model assessment tool. The assessment will be used to inform the Child and Family Team (CFT) about the needs of the child to assist in placement determinations. CANS will help guide development of services by identifying service gaps and tracking identified needs for which a service or resource is not available.

To date there are over 2000 DCS staff trained in the CANS with the initial training in each of the 12 regions conducted by the national expert. All regions are in active use of the CANS as of May 2007.

The CANS information systems project business requirements now are complete and a Web based scoring and documentation tool is now in development. Automation will help ensure DCS is meeting timeframes for CANS administration and are projected to be able to deliver provider network efficacy reports by summer 2008. This will capture the performance of small providers who do not have enough volume for capture in performance measures developed by Chapin Hall Center for Children at the University of Chicago and will also offer detail on all providers on regional or case-specific basis.

The Centers of Excellence (COEs) for Children in and at Risk of State Custody are being used in the CANS process to serve as best practice consultants in the DCS regions regarding decision-making. COE staff also support case managers through a collaborative process for recommendations on services/resources available to address an identified need. Vanderbilt has been operational in four of six contracted regions almost all fiscal year. UT-Memphis COE in Shelby has been operational since fall 2006, and both are now fully staffed. These two Centers of Excellence cover 9 of 12 DCS regions. Plans are being developed for the final three regions to be managed, staffed and operated by the East Tennessee COE.

Unified Placement

The department is continuing with efforts to implement a Unified Placement Process (UPP) in each region designed to target mitigation of trauma including:

- increase use of front-end services to prevent removal;
- improve systemic capacity to target placement resources to the child's and family's strengths and needs; and
- enhance specialized permanency supports to expedite permanency.

Rutherford County, within the Mid Cumberland region, was the pilot for unified placement. An evaluation of the Rutherford UPP indicated that Rutherford County has taken significant strides toward meeting the goals of UPP. While data may not reflect immediate improvements, many of the fundamental infrastructure pieces are in place. Just as importantly, a paradigm shift in the approach to placing children seems to have occurred. The groundwork laid by Rutherford County including identifying and starting to address data gaps,

moves the state forward in its ability to effectively develop an integrated approach for child placement.

Individual Regional Implementation:

- Mid Cumberland region remains the lead region for integrating the UPP. The Regional Administrator has remained hands on with this process, which has become the touchstone for reforms in this region. Evaluation data suggests that this region has made the strongest gains in the pilot (and therefore incipient) county. Placement stability and placements closer to home are dramatically improving in this area.
- Northwest: Northwest started Unified Placement in the Dyer cluster kickoff meeting involving the COE on November 1, 2006. They reported completion of the last cluster roll out on March 1, 2007 with all CANS training completed in mid February. UPP has brought about a significant and positive change with engagement of provider partners in that region. This region, specifically the West cluster, is in a position to testify to the value of UPP and Multiple Response System (MRS) working together toward an improved and more responsive child welfare system.
- Southeast: Southeast Region is comparable to NW in that they already have a successful MRS pilot and they rolled out UPP according to similar timetables, starting November 1, 2006 and completing the Placement Services Division deployment at the end of April.
- Upper Cumberland: Upper Cumberland Region has compiled by hand the number and type of foster homes. They have started this process with strong leadership from the Regional Administrator (RA), Deputy RA, and from the Placement Unit which started this process. They have already met with stakeholders and have some common providers with Mid Cumberland region. It has been suggested that they use these providers in a leadership role with other providers, as they are bringing a positive attitude to the meeting.
- South Central: UPP Training has been completed for all teams and the placement specialist identified for each. There are five placement specialists located by case volume and activity ranging from one to four counties. Not all placement specialists have office space in their assigned counties due to space issues but they are regularly in those counties meeting with the Family Service Worker (FSW) and handling all of their placements.
- Northeast was the last region to receive CANS training, however it has been out-placing staff to the regions within the UPP/ Placement Services Division structure (by March 2007) and has worked on the resource and strong CFT part of UPP.
- East and Southwest regions are working with DCS central office staff in developing a self-assessment toward UPP implementation.
- The four urban regions of Shelby, Davidson, Hamilton, and Knox have special challenges in implementing Unified Placement due to the differences they have from each other and from the pilot region, which was a multi-county rural region. These challenges are being undertaken by the Central Office UPP Leadership team so that clearer guidelines are

available to the teams implementing UPP in the urban areas. These four regions are at incipient stages of planning and implementation but have assigned staff working on self-assessment in conjunction with Central Office technical assistance.

DCS Network Adequacy

% Placements Within 75 miles	
Jan:	84.2%
Feb:	84.0%
March	83.0%
April	83.0%
May	84.0%

DCS continues to measure the percentages of children placed for residential/continuum treatment within or exceeding 75 miles of the child's home region. Children may be placed beyond 75 miles if the treatment needs are so unique that they cannot be met within the geographical area; a waiver is completed on each child.

Performance Based Contracting

The following is an update of the Performance-Based Contracting (PBC) Initiative as of May 2007.

PBC Phase I Providers:

- Omni Visions
- Youth Villages
- Frontier
- Centerstone
- Helen Ross McNabb

The initial implementation of the Performance-Based Contracting Initiative began on July 1, 2006. The initial six month review for Phase I providers was conducted in mid-March of 2007. Each Phase I provider had their own individual meeting. Included in these meetings were departmental Upper Management, Child Placement & Private Provider (CPPP) staff, Fiscal Department staff as well as representatives from Chapin Hall Center for Children at the University of Chicago. The agendas for these meetings included analysis of Chapin Hall data as it related to each individual provider as well as analysis of the fiscal model to include any re-investments earned or penalties incurred. Also included in these meetings was discussion of strategies employed by each provider in order to perform above their original baseline, how those strategies were devised and implemented as well whether or not these strategies actualized the intended effect.

Of the five initial participants, three were eligible for re-investment dollars; two would have incurred penalties (although the first year of participation is "risk free" with no penalties, it was decided to present the penalties for reference only). Reasons these providers performed below baseline were discussed and strategies formulated to correct these deviations. The next review of the Phase I providers will occur after the close of the fiscal year. Due to data compilation

lag intervals as well as allowing Chapin Hall time to complete their analysis of the data, the initial Phase I Annual Review will not occur until mid-September of 2007.

PBC Phase II Providers:

- Holston Homes
- Free Will Baptist Children's Home
- Smoky Mountain Children's Home
- Florence Crittenton
- Partnership
- Porter-Leath

In September 2006, Requests for Information (RFI) were distributed statewide to begin Phase II of the Department's PBC Initiative. By the assigned time frame for submission the Department had received ten proposals. After consideration by Upper Management, Fiscal and members of the Child Placement & Private Providers unit, the six providers listed above were chosen to participate in Phase II. All those submitting proposals were called to Central Office in mid-March for the announcement of the selection and a high level overview of the PBC process.

In late April, site visits were made by representatives from DCS Central Office and Chapin Hall to each of the six Phase II participants. During those visits DCS and Chapin Hall representatives were given tours of the respective facilities. After the tours, DCS and Chapin Hall gave presentations outlining the PBC process, interpretation and analysis of Chapin Hall data and a breakdown of how the fiscal calculations are made. The next step for the Phase II providers was presenting them with their contracts for review and signatures in mid-May 2007. After beginning their contract phase on July 1, 2007, these providers will receive their initial baseline material containing targeted outcomes in mid-September. Their initial six month review will take place in February of 2008.

Status: Completed
Documentation: Case management reports, Minutes of PBC Meetings, 75 Mile Reports
Reference Consent Decree: ¶ 71(ii)

Protection from Harm: Fostering Positive Behavior

DCS developed a training curriculum in conjunction with Middle Tennessee State University entitled "Fostering Positive Behavior" that utilizes interactive video and several real-life situations involving behavior challenges for children and youth served by DCS. The University Training Consortium has delivered this training to 1773 DCS staff members over the course of the past year.

During this reporting period, DCS contract agency providers have been provided technical assistance and the "Fostering Positive Behavior" curriculum for use in their programs. The Tennessee Association of Child Care (TACC) and the University Training Consortium coordinated with DCS to provide five "Training

for Trainer" sessions for DCS contract agency providers. Provider agencies were provided a copy of the DVD, the participant manual, and required to participate in the "Training for Trainer" sessions. A total of approximately 195 people representing approximately 85 agencies were trained as trainers for this curriculum during May 2007. Provider agencies are now required to train direct care staff "Fostering Positive Behavior" in their programs.

Protection from Harm: Serious Incident Reports

DCS private providers are required to report serious incidents occurring to a child in their care within 24 hours to the Department. During this reporting period, DCS implemented an automated system that replaces a paper/fax modem process for this notification. Providers submit their serious incident report through the automated system, and notification is given to DCS staff. The types of incidents have specific DCS responders that review and provide follow up on the incidents that are of a higher severity level. The responders range from regional management staff to nurses and psychologist depending on the incident type.

Protection from Harm: Psychotropic Medication Monitoring

Review of Pharmacy Data
The Pharmacy and Therapeutics (P and T) Committee provides oversight for systemic issues regarding the use of psychotropic medications for children in custody.

The Pharmacy and Therapeutics Committee in conjunction with DCS has developed *Psychotropic Medication Utilization Parameters for Children in State Custody*. The monitoring guidelines will be used as criteria for individual case reviews. The parameters of the review criteria do not necessarily indicate that treatment is inappropriate, but they do indicate a need for further review.

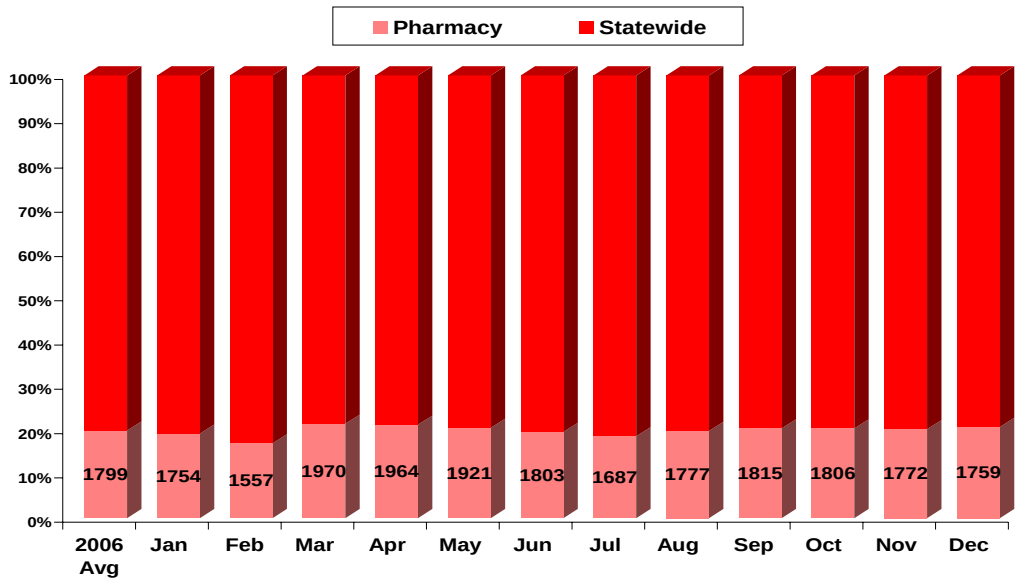
DCS worked with TennCare and TennCare Select to receive paid claims data for children in custody regarding identified psychotropic medications. Blue Cross and Blue Shield provided pharmacy data to the Department of Children Services for January-December 2006. This information was matched with TNKIDS data for each month. Summary information was given on demographic information, such as adjudication, gender, and race. Also, summary information on the physician prescribing the medication, as well as, drug information was given. The information from each month has been totaled and averaged for the year.

Calendar year 2006 findings include:

- The average number of DCS children prescribed at least one drug per month was 1799 children; the total average of children in custody was 9086.
- Nearly twenty percent (19.8%) of the children in DCS custody were prescribed at least one drug during the calendar year.
- March had the most number of children (1970) taking at least one drug during the month.
- The physicians prescribing the most drugs specialize in Psychiatry.

- The classes of drugs prescribed the most during the year were Antipsychotic (Seroquel) and Stimulant (Adderall).
- A child in DCS custody and administered medication is more likely to be a white male, adjudicated dependent neglect, thirteen years of age. The physician specializes in Psychiatry and prescribed approximately two drugs (1.9) per month for the child.

Percentage of Children in DCS Custody
Prescribed at Least One Psychotropic Drug by Month



Status: Completed
Documentation: Notice of Training Fostering Positive Behavior; Agendas P and T Committee Agendas; Pharmacy Report on Data for 2006.
Reference Consent Decree: ¶ 85; 86

Part V: Monitoring and Enforcement Of MCC and DCS Compliance Paragraphs 94 - 103

TennCare Monitoring and Enforcement of MCOs

Annual Quality Surveys

The External Quality Review Organization (EQRO) has been conducting Annual Quality Surveys (AQS) of the MCCs EPSDT performance during this report period. While the surveys have been completed, the analyses and compilation of results have not been submitted in report format. The MCCs final results will be made available for the subsequent semi-annual report. AmeriChoice Middle and Amerigroup will receive their first annual survey in 2008.

Status: Ongoing
Documentation: QSource 2007 AQS Schedule
Reference Consent Decree ¶ 40-42; 51; 53-59; 61-64; 78; 81; 94; and 102

Monitoring Access to Dental Services

Based on the parameters established by TennCare, as well as enrollee-to-dentist ratios, analysis indicates that child enrollees have good access to dental care and that TennCare is in compliance with its obligation to ensure that dental networks are adequate. Although there is no "universally accepted" population-to-dentist ratio, TennCare has compared its ratio to the number used under Terms and Conditions for Access in the CMS 1115 Waiver, where the patient load is given as 2,500:1. As of April 30, 2007 TennCare estimated a ratio of 696 child enrollees ages 3 through 20 to each participating dental provider. For contracted general dental providers only (general dentists and pedodontists), TennCare estimated a ratio of 904:1.

Status: Completed and Ongoing
Documentation: Doral Dental Annual Report 2006
Reference Consent Decree: ¶ 46

Monitoring for Dental Provider Network Deficiencies

The TennCare Provider Networks Unit monitors the provider enrollment file which is submitted monthly by each Plan. The reports received continue to show general dental provider availability for members within the required distance of 30 miles / 30 minutes for rural areas and 20 miles / 20 minutes for urban areas.

Status: Completed and Ongoing Annually
Documentation: Doral Dental Annual Report 2006
Reference Consent Decree: ¶ 46

Monitoring for Provider Networks Deficiencies

Provider Networks Unit

The TennCare Provider Networks Unit is responsible for determining compliance with TennCare access standards. The Primary Care Providers (PCP)/EPSDT provider availability for members must be within 30 miles / 30 minutes of the child's home for rural areas and 20 miles/30 minutes of the child's home for urban areas.

All Managed Care Contractors (MCCs) currently meet this requirement as is evidenced by the monthly provider enrollment files submitted by MCCs. Compliance is monitored through TennCare's GeoAccess software, mapping PCP/EPSDT provider availability for members within the required distance standards. Using this software, the Provider Networks Unit staff creates an Accessibility Summary Report which shows the average distance to a choice from one to five EPSDT/TENNderCare providers. This reporting period, the distances report varied from 2.1 miles to 4.7 miles across MCCs.

This Unit is also responsible for determining compliance as required by Contractor Risk Agreements for specialty networks. The required specialties are: Allergy, Cardiology, Dermatology, Endocrinology, Gastroenterology, General Surgery, Neonatology, Nephrology, Neurology, Neurosurgery, Oncology/Hematology, Ophthalmology, Orthopedics, Otolaryngology (ENT), Psychiatry (adult), Psychiatry (child and adolescent), and Urology.

Provider Networks issued twenty-three (23) provider network deficiency notices and twenty-three (23) requests for Correction Action Plans (CAPs). OCCP tracked and monitored receipt of all twenty-three (23) CAPS. All MCC CAPs were received timely and determined acceptable for addressing the noted deficiency.

Provider Networks has a process to assess the quality, timeliness, and access to health care services of providers reported by each of the Managed Care Organizations. This phone survey is conducted by the external quality review organization (EQRO). The age of patients a provider serves and the timeframe to obtain an appointment are validated during the survey to ensure availability of providers serving TennCare-eligible children.

Status: Ongoing
Documentation: Provider Network Deficiency Notice; 4th Quarter 2006
Accessibility Summary Report; 1st Quarter 2007 Accessibility Summary Report
Reference Consent Decree: ¶ 39 (f)

Monitoring by the Office of Contracts and Compliance

Quarterly up-to-date list of specialists

Managed Care Contractors (MCCs) are required to provide each PCP and Case Manager participating in the EPSDT program an up-to-date list of specialists to whom referrals may be made for screens, laboratory tests, further diagnostic

services, and corrective treatment. During this reporting period, only one MCC was sanctioned for failing to provide the list in accordance with contract time frames.

Monitoring and Enforcement of MCC Contracts

Other MCC monitoring activities include:

- Two new MCCs began providing service in the Middle Tennessee Grand Region effective April 1, 2007. AmeriChoice and Amerigroup began providing service to approximately 340,000 enrollees that were transferred to these new plans. The new plans provide integrated medical/behavioral services to enrollees. TennCare Select and Premier Behavioral Systems will continue to serve approximately 20,000 persons in Middle Tennessee identified by TennCare as special needs populations, including children in State Custody.
- During the first quarter of 2007, TennCare facilitated in-service training with the new plans on a variety of topics including medical necessity, Grier Appeals, private duty nursing services, coordination of benefits and an EPSDT discussion with the Tennessee Chapter of the American Academy of Pediatrics (TNAAP).
- Prior to, and after implementation of, the new plans, TennCare and TDMHDD met almost daily with the new plans to address potential problems that were identified. Some of the areas of focus included transportation, private duty nursing and other services for children. TennCare provided oversight to ensure that all children received services without interruption during the transition.
- Prior to the new plan start date, OCCP staff facilitated a review and approval process for all of the new plan's policies and procedures, contract templates, provider manuals, member materials and other documents. All documents were reviewed for compliance with EPSDT rules and regulations.
- TennCare continued to chair a monthly interagency meeting between TennCare, TDMHDD and Tennessee Department of Commerce and Insurance (TDCI). The purpose of the meeting is to foster cooperation, coordination and program knowledge between the three departments. Agenda items during this period have included a review of GeoAccess deficiencies in the areas of child and adolescent inpatient services, substance abuse services and 24 hour Residential Treatment Facility services. These deficiencies have resulted in assessments of Liquidated Damages against two BHOs. The BHOs have made progress to cure their deficiencies, and are required to submit periodic corrective action plans (CAPs) as part of a Global CAP addressing all of their identified deficiencies. The CAPs include information on alternative service delivery models to ensure that children living in the affected counties continue to receive needed services. Other areas of deficiencies noted include outpatient appointment timeliness and average lengths of time between facility discharge and an enrollee's first follow-up visit. The BHOs are currently under corrective action plans to cure these deficiencies.

- A new TBH and Premier and BHO Member Handbook template is being completed by TennCare for use by all BHO plans. The document will be completed during 2007 and will be distributed to all enrollees at required intervals. This piece is a companion to the MCO Member Handbook template already distributed to and in use by the MCOs. The handbook templates provide uniformity of information across all plans.
- MCC contract amendments for July 1, 2007 contain EPSDT/ TENNderCare updates that require that outreach be available in formats appropriate for enrollees who may be deaf, blind, illiterate, or non-English speaking. A second contract amendment added a formal requirement that all MCCs send an additional newsletter, separate from their General Newsletter, that is specifically designed for their adolescent enrollees. The MCOs have been required to send a teen oriented newsletter based on a request from the TennCare Quality Oversight Unit; however, this July 1, 2007 amendment formalizes the requirement and extends it to the BHOs as well.
- The Division of Quality Oversight has continued the ongoing monitoring of the plans across programs such as Disease Management, EPSDT, HEDIS, CAHPS, QI/UM, NCQA, Performance Improvement Projects, and other quality areas that are designed to improve outcomes for enrollees. HEDIS/CAHPS results are currently being collected. A report on these will be available by the next reporting period. Two of the newest Quality Oversight positions to be filled include a Director of Disease Management and an MCO Performance Manager. Both of these positions will work closely with the MCOs to ensure that quality programs are in place, appropriate benchmarks are being met, and that enrollee outcomes are improving.

Status: Ongoing
Documentation: EPSDT Liquidated Damages Report
Reference Consent Decree: ¶ 43

TennCare Legal Solutions Unit

EPSDT Directive Analysis

In order to resolve medical appeals and ensure compliance with the range of legal provisions governing the TennCare program, TennCare must from time to time issue orders (hereinafter, 'Directives') to those entities contracted to conduct services and provide benefits on its behalf.

Since August 1, 2006, TennCare's Division of Member Services, 'Directives Solutions Unit' (DSU) has been the unit charged with ensuring timely implementation of Directives. (This responsibility formerly fell under OCCP).

In order to account for the transition of the Directives implementation function from OCCP to DSU, Directives data is now reported based on the Directives received by the DSU. Due to the change in how this data is reported, an

analysis comparing this reporting period to the previous reporting period is not possible.

Effective July 1, 2006, the medical appeals unit formerly under the direction of Office of General Counsel also transitioned to the Member Services Division. This unit is now known as the Legal Solutions Unit (LSU). OGC, TSU, OCCP, DSU and LSU collaborate regularly both to ensure the provision of medically necessary, covered EPSDT/TENNderCare services and to afford each appellant who purports to have been denied such services the due process guaranteed pursuant to federal law and the concomitant federal consent decrees.

This reporting period, LSU received a total of 457 appeals identified as EPSDT/TENNderCare related. This represents a slight (less than 1%) decrease from the number of EPSDT appeals received during the last half of 2006.

The proportion of EPSDT dental appeals to total EPSDT appeals referred to LSU decreased 5% in relation to the previous reporting period (255 of 457 for the current reporting period compared to 280 of 460 for previous reporting period). During the first half of 2007, EPSDT dental appeals numbered 255, compared with 280 for the last half of 2006. These appeals constituted 56% of total EPSDT cases referred to LSU for hearing. In many instances appeals were withdrawn because the Managed Care Contractors or TennCare approved the service (either upon initial review when the request had not been presented to the MCC prior to filing an appeal, or in the case of appeals filed after an adverse action had been taken, upon reconsideration by the MCC) or offered an alternative which the member accepted. For the period under review, LSU resolved 488 EPSDT appeals. Of this number, 73, or 15%, were resolved in favor of the member. These resolutions include various types of LSU resolutions without hearings as well as ALJ hearing decisions. Of the EPSDT cases received by LSU in this six month period, 122, or 25%, were resolved in favor of the state, while approximately 292, or 60% of EPSDT cases were withdrawn by the member or resulted in a default/dismissal at hearing.

Status: Ongoing
Documentation: Schaller Anderson Executive Summary Appeals Process Analysis Report for January through June 2007
Reference Consent Decree: ¶ 100

TennCare Solutions Unit

The TennCare Solutions Unit (TSU) is the medical, behavioral health, pharmacy and dental appeal resolution unit for the TennCare Program. The TSU processes appeals concerning services rendered to enrollees by the Managed Care Contractors (MCCs), including services provided to children in State custody by the Department of Children's Services (DCS) and services provided to recipients with mental retardation who are enrolled in the Home and Community Based Waivers, administered by the Division of Mental Retardation Services.

Process Changes:
The new version of ProLaw (Reform ProLaw), implemented in February 2006, continues to provide TSU with better and earlier access to requisite appeals information. Accordingly, employees are better-equipped to take decisive action to ensure timely provision of medically necessary covered benefits and services.

The ongoing fine-tuning of internal processes, workflows and desktop procedures in conjunction with the continued provision of necessary training and oversight, has similarly proven fruitful in improving the appeals process.

As mentioned in the previous report, the Medical Solutions Unit (MSU) of SAT, contracted to perform medical necessity determinations regarding appeals for the TennCare Solutions Unit, revised their review template to accommodate changes within ProLaw, while capturing the information pertinent to the review and the associated rules, regulations and policy used in the determination rendered. This has proven beneficial.

Coordinated Efforts:
Key TSU, LSU and SAT staff routinely meet as necessary to discuss EPSDT appeals and to ensure appropriate, legally-compliant, resolution of the appeal.

Appeal Overview
The TennCare Solutions Unit received 3134 appeals during the first half of calendar year 2007. The TSU received 3542 appeals during the previous reporting period. The drop in the overall appeals stems from numerous factors including the above-referenced process improvements, a proactive management committed to quality and compliance and continued employee training. The EPSDT appeals account for 55 percent of all appeals received during the reporting period. EPSDT appeals accounted for 55 percent of all appeals in the previous reporting period.

There were 1,718 EPSDT appeals received from January 1, 2007 through June 30, 2007 and 1,931 EPSDT appeals received during the previous reporting period, July 1, 2006 through December 30, 2006, representing a 11.03 percent reduction in EPSDT appeals. The reduction in EPSDT appeals is primarily related to a decrease in Dental, Pharmacy Service and Behavioral Health appeals.

The top three reasons for appeals were Reimbursement and Billing (42% or 715 appeals), Dental (25% or 426 appeals) and Behavioral Health Services (12% or 210 appeals). Together, the above listed top three accounted for 79% of the EPSDT appeals received during the reporting period. There were 1798 EPSDT appeals resolved during the reporting period. The TSU (220) resolved 12% of the appeals. The LSU (488) resolved 27% while the MCC (1090) was responsible for 61% of all EPSDT appeal resolutions.

During the reporting period, VHP and TennCare Select were above their individual upper control limits for EPSDT appeals per thousand. Beginning April 1, 2007, all VHP enrollees and the majority of TennCare Select enrollees will be served by two new MCCs who now serve all of the Middle Tennessee

counties. As of April 1, 2007, VHP, who previously served only Davidson County, no longer serves populations enrolled in TennCare. With two new health plans in Middle Tennessee, TennCare Select's enrollment has decreased significantly. The MCCs awarded contracts for Middle Tennessee began serving enrollees on April 1, 2007. These plans, AmeriChoice and Amerigroup are responsible for both the medical and behavioral needs of TennCare enrollees.

EPSDT enrollment percentages, by MCC and regions of the state, are depicted below. (EPSDT enrollment is relatively evenly split among the regions):

- West Tennessee has 34 percent of the TennCare EPSDT total enrollment,
- Middle Tennessee has 33 percent of the TennCare EPSDT total enrollment and
- East Tennessee has 33 percent of the TennCare EPSDT total enrollment

The combined EPSDT enrollments of BlueCare and TennCare Select account for 26 percent of the overall TennCare EPSDT enrollment. This percentage has decreased from 45 percent last reporting period, due in part to two new middle Tennessee health plans.

All appeals are classified as Expedited or Non-Expedited. Non-Expedited appeals accounted for 84% of the overall EPSDT six month appeal volume followed by Expedited (16%).

Status: Ongoing
Documentation: Schaller Anderson Executive Summary TennCare Appeals Process Analysis January through June 2007
Reference Consent Decree: ¶ 100; 101

Department of Mental Health/Developmental Disabilities Monitoring of DCS and BHO Compliance

Monitoring Department Children Services Providers

TDMHDD monitors DCS compliance through chart audits and review and feedback of BHO contract deliverable reports. January through May, 2007 TDMHDD conducted five provider site visits reviewing randomly selected mental health records of children and youth to verify that the prescription and delivery of mental health services for children were done in accordance with the Children and Youth Best Practice Guidelines (BPGs) set forth by TDMHDD. The audit findings are published quarterly and distributed to TDMHDD Clinical Leadership, DCS, TennCare, and the BHOs. The 1st Quarter FY 07 BPG report was released in March, 2007. TDMHDD will continue to monitor and trend results to determine if findings are consistent over time and throughout the service delivery system. Trends will be used to identify areas where improvement is needed and to determine training needs.

Status: Ongoing
Documentation: Children and Adolescent Best Practice Guidelines Report FY 07 1st Quarter
Reference Consent Decree: ¶ 103

Monitoring BHO Providers

TDMHDD monitors the BHOs service delivery through audits as well as the review and analysis of the BHOs contractual deliverable reports regarding the quality and timeliness of services being rendered to enrollees. The contractual performance standards for children include provider network (geo-access standards), outpatient appointment timeliness, case management, ambulatory follow-up after discharge from inpatient or residential treatment, and inpatient readmission rates. Each month, TDMHDD staff meets with staff from BHOs to discuss any issues regarding their compliance with these standards and work with the BHO to improve any areas of deficiency.

Efforts under the Performance Monitoring Plan (PMP) have continued, with 15 provider site visits conducted from January 2007 thru May 2007. An on-site audit of the BHOs was conducted June 4-5, 2007. The results from the provider visits are detailed in the PMP quarterly reports for January thru March 2007. Additional results will be detailed in the PMP quarterly reports for April thru June 2007. The deficiencies found resulted in updates to the BHOs corrective action plans (CAP) already in effect for system deficiencies. The deficiencies found were rolled into the global deficiencies CAP. The global CAP includes deficiencies existing in the following areas: Geo-Access, due process notices, ambulatory follow-up, outpatient appointment timeliness, performance monitoring plan, and hospital readmissions. For this reporting period there were also two providers put under CAP for the Clinically Related Group/Target Population Group (CRG/TPG) assessment deficiencies.

TDMHDD will continue to actively monitor the progress of the CAP, action steps, and outcomes.

Status: Ongoing
Documentation: Performance Monitoring Plan 3rd Quarter 2006
Reference Consent Decree: ¶ 53; 103

External Quality Review

The External Quality Review Organization, QSource, is responsible for monitoring the BHOs in various areas to assess compliance with TDMHDD contract requirements. During the third quarter CY2006, the BHOs were asked to submit a Plan of Correction based on findings from QSource's Annual Quality Survey regarding modification with two of the BHOs policies and procedures. The BHOs submitted updated policies and, after TDMHDD reviewed, TDMHDD required the BHOs to make additional modifications. The final policies were submitted to TDMHDD and TennCare on April 26, 2007.

TDMHDD also provided input to QSource's audit tool, which will be utilized for the upcoming BHOs audit in CY2007 in the Annual Quality Survey.

Status: Ongoing
Documentation: Global CAP Standard Source; Global CAP Standard Source January 2007; Global CAP Standard Source May 2007; BHO Global CAP January 2007; BHO Global CAP March 2007; BHO Global CAP May 2007; BHO Case Management Policy; BHO EPSDT Policy
Reference Consent Decree: ¶ 53; 103

Glossary of Acronyms

AAFP	American Academy of Family Physicians
ACF	Administration on Children and Families
ADA	American Dental Association
ADHD	Attention Deficit Hyper Activity Disorder
ALJ	Administrative Law Judge
AMP	Access Med Plus
APP	Annual Performance Plan
AQS	Annual Quality Surveys
BCBST	Blue Cross Blue Shield of Tennessee
BHO	Behavioral Health Organization
BHP	Better Health Plans
BPG	Best Practice Guidelines
CADCAT	Community AntiDrug Coalitions Across Tennessee
C&Y	Children and Youth
CAP	Corrective Action Plan
CCR&R	Child Care Resource and Referral Centers
CDC	Centers for Disease Control and Prevention
CDT	Current Dental Terminology
CFTM	Child and Family Team Meeting
CIMP	Continuous Improvement Monitoring Process
CLPPP	Childhood Lead Poisoning Prevention Program
CMHA	Community Mental Health Agency
CMHC	Community Mental Health Center
CMHS	Center for Mental Health Services
CMS	Centers for Medicare and Medicaid Services
CMT	Crisis Management Team
COE	Center of Excellence for Children in and At-risk of State Custody
CPORT	Children's Program Outcome Review
CPS	Child Protective Services
CPT	Current Procedural Terminology
CQI	Continuous Quality Improvement
CSA	Community Services Agency
CSAT	Center for Substance Abuse Treatment
CSH	Coordinated School Health
DADAS	Division of Alcohol and Drug Abuse Services
DBM	Dental Benefits Manger
DCS	Tennessee Department of Children's Services
DHS	Tennessee Department of Human Services
DMRS	Tennessee Division of Mental Retardation Services
DOC	Tennessee Department of Corrections
DOE	Tennessee Department of Education
DOH	Tennessee Department of Health
DSE	Division of Special Education, DOE
DSP	Dental Screening Percentage
DSU	TennCare Directives Solution Unit
ECCS	Early Childhood Comprehensive Systems, DOH
EHS	Early Head Start

EPSDT	Early and Periodic Screening, Diagnosis and Treatment
EQRO	External Quality Review Organization
ESOL	English for Speakers of Other Languages
ETSU	East Tennessee State University
F&A	Tennessee Department of Finance and Administration
FASC	Family Assistance Services Centers
FRC	Family Resource Center
GIS	Geographic Information System
GOCCC	Governor's Office of Children's Care Coordination
HCBS	Home and Community Based Services
HEDIS	Health Employer Data and Information Set
HS	Head Start
IDEA	Individuals with Disabilities Education Act
IEP	Individual Education Plan
IFSP	Individualized Family Service Plan
ISP	Individual Support Plan
LEA	Local Education Agency
LEP	Limited English Proficiency
LICC	Local Interagency Coordinating Council
LSU	TennCare Legal Solutions Unit
MCC	Managed Care Contractor
MCH	Maternal Child and Health
MCO	Managed Care Organization
MH	Mental Health
MPAC	Mobile Pediatric Assessment Clinic
MR/DD	Mental Retardation/Developmental Disabilities
NAMI	National Alliance on Mental Illness
NBHS	Newborn Hearing Screening Program
NCQA	National Committee for Quality Assurance
NHHC	National Healthcare for the Homeless Council
NPR	Network Provider Review
OCCP	TennCare Office of Contract Compliance and Performance
OCI	Open Communications International
OGC	TennCare Office of General Counsel
OMC	TennCare Office of Managed Care
OSEP	Office of Special Education Programs
OSHP	Office of School Health Programs
PAB	Project Advisory Board
PAR	Program Accountability Review
PBC	Performance Based Contracting
PCP	Primary Care Provider
PEP	Provider Education Participation Workgroup
PHP	Preferred Health Partnership of Tennessee
PIP	Program Improvement Plan
PIR	Program Information Report
PMN	Practice Managers Network
POC	Plan of Correction
PRP	Personal Responsibility Plan
RFP	Request for Proposals
RIP	Regional Intervention Program

SAMHSA	Substance Abuse and Mental Health Services
SAR	*John B.* Semiannual Report
SAT	Services and Appeals Tracking (DCS)
SAT	Schaller Anderson of Tennessee
SED	Seriously Emotionally Disturbed
SICC	State Interagency Coordinating Council
SPP	State Performance Plan
START	Screening Tools And Referral Training
T-ACT	Tennessee Adolescent Coordination of Treatment
TAMHO	Tennessee Association of Mental Health Organizations
TBH	Tennessee Behavioral Health
TCCY	Tennessee Commission on Children and Youth
TDD	Telecommunication Device for the Deaf
TDMHDD	Tennessee Department of Mental Health and Developmental Disabilities
TEIS	Tennessee Early Intervention System
TennCare	Bureau of TennCare
THCC	Tennessee Health Care Campaign
TIPS	Tennessee Infant Parent Services
TLC	Tennessee Lives Count
TNAAP	Tennessee Chapter of the American Academy of Pediatrics
TNQSR	Tennessee Quality Service Review
TPCA	TN Primary Care Association
TPG	Target Population Group
TSB	Tennessee School for the Blind
TSD	Tennessee School for the Deaf
TSU	TennCare Solutions Unit
TTY	TeleTYpewriter
TVC	Tennessee Voices for Children
UAHC	United American Health Care Corporation
VHP	Victory Health Plan
WTSD	West Tennessee School for the Deaf
YTD	Year To Date